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**ARTICLE I.**

**REPORT ON THE MEDICAL TREATMENT OF  
INSANITY, AND THE DISEASES MOST FRE-  
QUENTLY ACCOMPANYING IT. BY JAMES  
BATES, Physician and Superintendent of the Maine  
Hospital.—Read before the Association of Medical Super-  
intendents of American Institutions for the Insane, June 18,  
1850.**

Were I to write an essay for the student, some mode of classification would be deemed indispensable.

The various forms of disease, the different organs to be acted on, or the classes of remedial agents to be had in requisition, would form convenient modes of arrangement, to assist the understanding and the memory.

But to a class of gentlemen who have spent their adult lives in the midst of disease, only general remarks may be made, avoiding chapter and verse, grains, scruples and drachms.

The medical treatment of insanity, at the present day,  
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is far from being uniform among well informed medical men, though sufficiently so for all useful purposes, with that branch of the profession who have made the treatment of the insane the principal field of their labors.

When, however, we contrast the practice of the present, with that of the preceding century, the difference in the medical, is scarcely less than in the moral treatment of the insane.

It is, I believe, everywhere admitted by educated physicians, that the *medical*, as well as every other curative indication in the treatment of insane persons, is a problem to be solved by an investigation of each individual case.

To lay down distinct and specific rules for the management of the various phenomena exhibited by insane people, of all ages, sexes, and temperaments; modified by instincts, propensities, sentiments, intellect and habits, embracing every form of the malady, is a labor which never has been, and probably never will be satisfactorily accomplished.

The task is not simplified by the various and often discordant, opinions which exist, and have heretofore influenced the profession, in relation to the pathological condition of the organ or organs, on which the instincts, propensities, sentiments and intellect depend for their normal or abnormal manifestations.

No man can prescribe understandingly in a single case, much less lay down general principles of practice for himself, or the guidance of others, without notions more or less satisfactory to himself, at least, of the morbid condition of the organs he wishes to affect by his remedies.

Special physicians are very minute in their inquiries into the causes which have produced the mental troubles they have to investigate; whether they have been phys-

ical or moral, or both; whether *primary* as affecting the brain and nervous system without the agency of other organs; or *secondary*, as having originated in disordered action of the latter, disturbing the operations of the sensorium through the medium of the nervous or other communications.

All this is well and useful, though it should happen that precisely the same pathological changes have been produced by the one class of causes as by the other.

To understand myself, and to be in any good degree understood by others, as to the objects to be accomplished by the medical treatment of the insane, it is proper that I say something of what I conceive always to exist in the brain at the time insanity, properly so called, commences.

Whatever may take place afterwards, I believe no case of prolonged aberration of the affections and intellect manifests itself without the existence of irritation.

Whether it is caused by super-excitation of external or internal, physical or moral agents, directly; or by the absence or exhaustion of the amount of excitation necessary to healthy action, indirectly, I believe the *primary* forms of insanity never exist without it.

Undoubtedly this may be followed by inflammation more or less active, by which both the disease and the appropriate remedies will be essentially modified.

Whether this condition is less frequent than formerly, may not be easy to determine; for some cause the treatment has undergone a great change.

If remedies, relied on, as late as the beginning of the present century, for combatting the inflammation, supposed to exist in almost every case of acute mania, were as freely resorted to, I think we should not be greatly flattered with *our* success, whatever may have been *that* of our predecessors.

I may hazard the opinion, that physical and moral changes have gradually pervaded whole communities, whereby the brain and nervous system have become more frequently the seat of diseased action than formerly, giving rise to a more marked and rapid prostration of the physical and vital forces, exhibiting more frequently mental troubles, requiring, not only in insanity, but in most grave diseases, greater caution in the use of active, depleting remedies.

Possibly, these circumstances, added to the fact, that most persons admitted to institutions for the insane, have already passed the most vigorous stage of vascular action, may have a tendency to lead to conclusions and a practice apparently *ultra*, so far as depletion is concerned, in our hospitals for the reception and treatment of this unfortunate class of sufferers.

So far as I am advised, there does not remain, anywhere, the mode of practice formerly pursued at Bethlehem, and other hospitals, of bleeding all the *curable* patients on the first of June and last of July; enabling one physician to say, "that although he had bled one hundred and fifty in a day, he had not seen a single accident follow." Nor do I believe the man is living, who, like Dr. Rush, would order the abstraction of 470 ounces of blood at 47 bleedings in ten months; nor like Plater, direct 70 bleedings in 70 weeks. Nor do I think the administration of cathartics and emetics at stated seasons of the year, anywhere finds countenance at this day.

Few, if any, in our time, would let blood "because the contents of the cranial cavity had not the same facilities for relieving itself of fluid turgescence as have those of the other great cavities." Nor should we much fear that *local*, practiced previously to general bleeding, would be dangerous, by inviting an increased flow to a debilitated organ.



Fifty years since a physician who should manage a case, in which there was evidence of congestion in the vessels of the brain to such a degree as to produce long continued insensibility, without general or local blood-letting, or both, would have been considered little less than a madman or a fool. There may be localities where he would be thought so now.

It is peculiarly unfortunate for the practitioner in medicine, that he is compelled to select one of the two or more pathways which seem to lead in varied directions, to the same point. Could all be followed at once, it would be easy to strike the balance, and to arrive at a degree of certainty, approaching that of an axiom. Only one selection is properly at our disposal, and our decision must be made in each case by the aid of the best analogical information in our possession.

I confess to having repeatedly occupied a most anxious position, in such cases, (in one instance during eight days,) watching the recuperative action of nature, aided by such external and internal applications as could be administered, without the volitions or consciousness of the subjects.

Perhaps it will be said, I should have been more uniformly successful had I added to my remedial agents the abstraction of blood.

This is the very point on which I desire proof, wishing most religiously to pursue the best mode possible.

It cannot be doubted, that there are cases, perhaps more than some of us imagine, in which, if we saw them in their stage of most active vascular action, we should resort to depleting and antiphlogistic remedies entirely beyond what is customary with us now.

At the risk of being considered ultra, (for which I have certainly no ambition,) truth compels me to say, the most

of the blood-letting my patients have undergone, since I had the care of an institution, has been practised on themselves. Some of the cases seemed as likely to be benefitted by it as any I could have selected, but I have known no good to result from their bold operations.

Nor will my experience coincide with that of Mayo on this subject, viz: that *dementia* is *not* the result of the practice.

I have not doubted that several cases have come to me, in which acute dementia had been produced by abstraction of blood, and that recoveries, if they took place, had been delayed months by this cause.

In cases where natural or abnormal evacuations are suppressed, a judicious use of cups or leeches, may not only assist in restoring them, but in relieving the nervous irritation arising from their absence.

Both these modes of abstracting blood are often either offensive or frightful to our people, and care should be taken, that injury from this cause does not outweigh the benefit.

Many of the observations on blood-letting are applicable to depletion by drastic purgatives, but probably not to the same extent.

From the first history of the medical treatment of the insane, until recently, drastic purgatives have been extolled, especially in melancholia and hypochondriasis.

Their use latterly has been mostly confined to cases in which the disease is not only recent, but exhibiting symptoms unequivocally requiring antiphlogistic treatment, beyond what could be accomplished by the use of milder means, or a state of constipation which has resisted milder methods—I may add to such cases, perhaps, the class of persons who evidently need the evacuation of the first passages, and who resist all our efforts to ad-

minister the requisite medicines in their usual forms, when we feel called on to administer secretly, in a concentrated form, an efficient purgative.

Those who have had much experience, will not need to be told that extreme caution is required in certain persons at all seasons, and all persons at some seasons, lest diarrhœas, not easily controlled, follow the use of strong cathartics.

In most cases, the exhibition of mild preparations of mercury followed by common aperient medicines, is much more judicious than giving those of a more debilitating class.

I do not know that the hellebore is now much in use—the Croton oil seems well adapted to our use when an active medicine is required in a concentrated form, and when formed into a pill with powdered nutmeg or other mild aromatic, may be so divided as to be as safe in its action as any simple laxative in use.

The compound Colocynth pill and the common infusion of senna and anise, with sulph. of Magnesia, are medicines in daily use with such patients as require their action.

There is an inactive state of the first passages which indicates a kind of paralytic state of the muscular coat of the organs. In these cases, whether the persons be insane or not, the use of *nux vomica* compounded with aloes, rhubarb, or other mild cathartic drug, in small doses, steadily persevered in, will often overcome cases of obstinate constipation.

As I have prescribed to myself no particular arrangement to be adhered to, I may as well speak of other states of these organs, which sometimes tax all our skill, and occasionally bid defiance to our best directed efforts.

From the effect of our own remedies, the peculiarities

of the season, or the state of the individual, we are frequently called on to treat troublesome, and sometimes incurable cases of diarrhœa. On two or three accounts the insane are more difficult to treat than the sane. The state of the nervous system seems to render the local affection more grave—the general restlessness renders the adjustment of external applications, and even proper covering, difficult, if not impossible, and our internal remedies, however we may direct their administration, are rendered irregular and uncertain.

With due weight given to exceptions like these, there is nothing very peculiar in the treatment of this affection in the insane. Every attention should be paid to sustain an equal and natural heat on the surface, and as vigorous capillary action as may be—a duty as difficult to accomplish, as important to the well-being of the patient.

The application of external heat, wet or dry, frictions and concentrated stimulants to the skin, locally or generally, should constitute our first efforts. They may be aided, but never superseded, by appropriate internal remedies. Alteratives, opiates, astringents, stimulants, and tonics, all have their proper time and place, in the course of treatment. There are cases which seem to have arrived near a fatal termination, in which spirits of turpentine both internally and externally, combined with anodynes, have appeared to give a favorable change to the action of the mucous membrane and the glands connected with it. To all of us the various modes of moderating the effect of the most exciting remedies, by judicious combinations, are too familiar to require further remarks.

The most formidable disease of this class of organs, which has come under my care, I shall take the liberty to call *Asthenic Colonitis*. This affection which has its seat

high up in the large intestines mostly, has been fatal in many locations in families, and not less so in some of our hospitals for the insane. It has been epidemic at the season when bowel complaints are usually most prevalent.

In our institutions for the insane it has chiefly attacked those whose physical energies had been diminished by protracted disease, and many such have fallen victims to it.

The disease is not attended with the same degree of pain, vascular action or febrile heat, usually present in dysentery. The discharges from the bowels are generally frequent and abundant; at first resembling newly made soft soap, more or less streaked or tinged with blood. In its progress, the blood is no more seen, but a sort of muco-purulent fluid in great quantities is voided day after day. The odor is peculiar, and not like that from epidemic dysentery, as usually encountered.

Anodynes, alteratives, astringents with lavements of laudanum and solution of tannic acid were with us often powerless to arrest the progress of the disease. If any prescription was better than others, it was the free use of Laudanum, Bals. Copaiva and mucilage.

No disease can require greater vigilance as to the application of external and internal means. No precaution of cleanliness produced even a tolerable state of purity in clothing and rooms without the aid of chlorine gas.

An apology may be necessary for speaking of affections not necessarily connected with insanity.

It is not easy to treat a malady considered by many as only a *symptom* of peculiar troubles in physical organs, without remarks on the occasional affections which often accompany and influence these troubles, or are modified by them. These combined circumstances call for more



care and caution, as to the quantity and quality of remedial agents, than in cases where the symptom of insanity does not exist.

The remarks to be made will relate more exclusively to the medical treatment of the organs laboring under that peculiar physical derangement manifested chiefly by mental aberration.

The classes of agents mostly in use for this purpose are alteratives, calmants, and tonics. The first class is required for the same purposes and under the same circumstances as in cases where all the other symptoms existed without the insanity.

When I speak of alteratives, I allude to the moderate use of mercurials and other medicines considered, as having a tendency to restore deficient secretions or to correct such as are vitiated in quality. I can speak of the Extract of Conium, in its most efficient form, as entitled to no other credit than as an alterative, nor can I speak highly of it as such.\* I am inclined to think some of us still use it, as much out of respect to the testimony of respected names, and because of the rather convenient form of its compounds for administering tonics, as from any conviction of its value as a narcotic.

To my mind it is rather an innocent affair, for one which has been so much extolled, and in cases where an expectant course is deemed advisable, I know of few drugs which may be more safely trusted as a placebo. I have not seen apparent injury from it, and must leave it to others to testify to the good it does.

The whole class of narcotics, has been had in requis-

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\* The writer is aware that many of his friends have a decided conviction that Conium is calculated to produce valuable sedative effects on the system. He believes also that the medicine in very large doses in neuralgia and spasmodic affections often produces happy results.

tion, and though each variety may come in, alone or in combination, for certain constitutional peculiarities or states of the system, one alone maintains its general superiority above every, and all others.

Although opium is not suited to all constitutions, nor to any individual case at all times, it has, when the system is properly prepared for its exhibition, maintained its superiority for ages past as a narcotic, and probably is destined to, for ages to come.

In the early stage of maniacal disease, the irritation and vascular action are such, that opium in any of its forms seems rather to increase than to allay excitement. But when this irritation is moderated and the vascular action somewhat equalized and diminished, by the well directed use of baths, antimony and saline draughts, some of the *salts* of opium or other *compounds*, in which the article forms the most active agent, may usually be safely and advantageously administered.

In chronic cases we have no need of these preliminary precautions in most instances, and frequently find benefit in adding to our opiate some active stimulant, as camphor, ether, &c. From a wish to find a substitute for this drug, in cases of extreme watchfulness, and in some measure influenced by the recommendations of others, I have administered almost every combination which has acquired credit with the faculty, such as the camphor, sulph. ether and infusion of hop, Hoffman's Anodyne, hyoseyamus, stramonium, belladonna, ex. of valerian, by displacement, Brigham's mixture, &c. It is not unlikely that the cases and periods have been injudiciously selected, but I have rarely found a benefit from their use which would not be more certainly realized by an equivalent, so to speak, of opium.

Undoubtedly there are constitutions and stages, in

which some of these would be tolerated, not only, but do good, where opiates would not. I think the necessity for a quieting medicine, in a case of insanity must be very slight, in which any of these remedies would answer the requisition. I fear the extensive use made of similar appliances in the medical world, is more a matter of routine than of judicious reflection and discrimination.

May we not frequently give credit to a long continued use of inefficient medicines, which is due to time and the recuperative efforts of nature?

One word on the danger of acquiring a habit of using opium, which it is not easy to abandon. My own experience has not been as fortunate in this respect, as was stated at one of our meetings a few years since, by a highly respectable member, now no more, who said, he had never experienced any difficulty in stopping the use of the medicine, nor had known trouble to follow.

One of the most troublesome cases I ever saw, acquired the habit in the institution under that gentleman's care and the use of the drug followed for six years after leaving the Hospital. By very gradually diminishing the enormous dose she was taking when she came to me, it was wholly left off, at the end of six months; but the sulph. of quinine with which it was combined, was continued six months longer so that she never knew when the morphine was stopped. She has been my neighbor for four years, in good health and spirits.

I have now under treatment a case of melancholy, principally from moral causes, in which I have seen my patient get apparently well and happy, but no sooner did I omit the morphine, than all the trouble was renewed. Three times I resumed and gradually discontinued its administration with similar results; which made me de-

termine on another course, without the opium. The appearance is favorable for ultimate success.

I fully agree with the gentleman from Kentucky that it is generally best to commence with small doses, as 25 or 30 drops of Laudanum, or solution of morphine of equal strength, and gradually to increase the dose if necessary to a large amount. My *experience* however *does not* enable me to say, "if the design is not answered by less, give *thirty drachms*." \*

It is not easy to reconcile the discordant opinions of our best practitioners as to the value of narcotics in the treatment of the insane.

Some placing a very high, and others a very low estimate on their value. It may be those who extol them most, have gone far beyond those of more moderate expectations, in their use.

In this way, they may have experienced advantages, unknown to those who have been more cautious in their administration.

Not having prescribed them to the greatest extent, I cannot pretend to decide the question, but hope to hear testimony which will enable me to use medicines of this class more successfully.

I have had no opportunity to make trial of the eastern compound called hachich, nor have I learnt that its use has been thoroughly tested in Europe or in America. From what I have read and heard on the subject, it would appear to act like stramonium, exciting a disordered action peculiar to itself; and possibly may supercede

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\* I am aware that many practitioners use, and as they think with decided advantage, enormous doses of Laudanum and solution of morphine in certain cases of mania, even in some cases as high as seven or eight ounces per day. I am not disposed to question their success, but have not gone myself to the same extent.

an existing disordered action, by substituting one of its own, more powerful, but less prominent.

If this and similar poisons act on the principles of Hahneman, I presume the dose must be some hundred-millionth parts less than we usually administer.

I have used stramonium in severe cases of epilepsy, complicated with insanity, without any benefit.

Two cases *seem* to have been successfully treated, one and two years since, by spirits of turpentine in large doses for several days, followed by a long use of oxide of silver, as much per day as the mucous membrane would tolerate. In several others no benefit followed any course.

I come to speak of vegetable and mineral tonics.

There are few cases of long protracted insanity which have not seemed to require a free use of these, and I believe everywhere, they are administered in our Hospitals, in cases where the physical vigor is much diminished.

In subjects where the tonic course does not require to be prescribed for the relief of any particular organ, the preparations of cinchona may represent most of the vegetable class, as the oxides and salts of iron and silver do that of the mineral.

Every one's ingenuity must suggest the various additions and combinations required to affect particular organs or special cases.

There is a form of disease affecting mostly the young, in which maniacal excitement alternates with acute dementia, possibly from renewed congestions. From one or the other of these states we see our patients gradually recovering, taking on the usual appearance of health and intelligence, when suddenly a state of phrenzy or stupidity comes, and the same goes over again.



If we carefully observe the first signs of amendment and introduce a large seton in the back of the neck, I think we shall often avert a relapse.

I have no remedy for chronic dementia, nor general palsy, never having seen either benefitted to any considerable extent.

I feel indebted to Dr. Stedman for his observations on the use of ether for those who refuse nourishment and to Dr. Bell for his excellent paper on the same subject.

I am not aware that I have advanced a single idea which is not perfectly familiar to every member of the Association. I would gladly have posted some new discoveries, if I had found them on the *blotters*.

Having expressed some preferences, some doubts and some objections, I expect them to be corrected wherever they meet your disapprobation.

Having designedly avoided any mention of moral treatment, it may be thought I consider the medical as the more important. I can give my views in a single and short paragraph.

In the first stage I deem the medical more efficient than the moral treatment, in the second equal, and in convalescence the moral has decidedly the preponderance.

## ARTICLE II.

TRIAL OF ROBERT PATE, AT THE CENTRAL  
CRIMINAL COURT, LONDON, on the 11th of July,  
1850, for an assault on Her Majesty, Queen Victoria.

[From the London "TIMES", July 12th, 1850.]

To-day having been appointed for the trial of Robert Pate for assaulting Her Majesty, a great deal of interest appeared to be created. The sheriffs, however, had taken the proper precautions to prevent the court from being inconveniently crowded, and no persons were admitted except by their authority.

At 10 o'clock the learned judges, Mr. Baron Alderson, Mr. Justice Patteson, and Mr. Justice Talfourd entered the court, accompanied by the Lord Mayor, Alderman Gibbs, and Sir C. Marshall.

The prisoner was then placed at the bar. He walked to the front of the dock without evincing the least discomposure and bowed slightly to the court.

Mr. CLERK read the indictment, which, in the first count, charged the prisoner with having with a certain offensive weapon, that is to say a stick, unlawfully and maliciously struck at the person of our Lady the Queen with intent to injure the person of our Lady the Queen.

In a second count the intent of the prisoner was laid to be to alarm our Lady the Queen.

In a third count the prisoner was charged with intending to break the public peace.

The prisoner pleaded "Not Guilty" in a loud tone, and the jury were then impanelled.

The Attorney-General, the Solicitor-General, Mr. Welsby, Mr. Bodkin and Mr. Clerk appeared for the prosecution. The prisoner was defended by Mr. Cockburn, Q. C., and Mr. Huddleston.

THE ATTORNEY-GENERAL opened the case. He said it had been his misfortune since he had had the honor of filling his present office to appear in that court as the public prosecutor in many cases of importance. This was at all times a most painful duty, but he assured them with all sincerity that he never stood in his present position with feelings of greater regret than he did on this occasion. When he considered, on the one hand, that the object of the attack of the prisoner was a lady and a Sovereign who had endeared herself to her subjects by her great virtues, and that, on the other, the person charged with the commission of the offence filled the position of a gentleman and a man of education and who had also at one time held Her Majesty's commission, he could not but feel that these were circumstances which very greatly aggravated the offence imputed to the prisoner; and this he considered warranted him in imploring them to dismiss from their minds all they had read or heard in reference to this matter, and that they would be guided in their decision solely by the evidence that would be laid before them, and that they would enter into the consideration of this case in the same manner as though it was one of the most ordinary character. It appeared to him that he should exceed his duty if he were to dilate on the motives that might have actuated the prisoner to commit this offence. As the public prosecutor, all he had to do was to state the facts impartially to the jury, and unhappily those facts were short, clear, and conclusive. The prisoner was the son of a gentleman of fortune and station residing at Wisbeach and who had filled the office of high-sheriff for the county of Cambridge, and the prisoner had for some

years been cornet and lieutenant in the 10th Hussars. For some time, however, he had retired from the army, and it would appear that after this he had resided in London, and for a considerable time had led a life of complete quiet and retirement. The learned Attorney-General then proceeded very briefly to state the circumstances of the assault upon Her Majesty, and said these were the facts upon which the charge was preferred against the prisoner, and he had no doubt he should establish them clearly by the evidence of one or two witnesses. He went on to say that it was not for him to speculate as to the motives that had led to the commission of the act—motives might be suggested, but he did not think it would be discreet to do so. He could not tell what excuse was to be offered for the prisoner, but he had heard that the unfortunate gentleman, or his friends acting for him, intended to endeavor to establish that he was not in such a state of mind as to render him accountable for his actions. If this should turn out to be the case the jury would permit him to suggest that they ought not to give effect to such a defence unless it was made out by strict and complete proof, and that they should not permit the law to be evaded upon slight grounds.

The following witnesses were then examined :—

Colonel Grey, examined by the SOLICITOR-GENERAL.—I hold the office of Equerry to Her Majesty. I remember Her Majesty leaving Buckingham Palace on Thursday, the 27th June, in an open barouche. The carriage drove to Cambridge-house, where Her Majesty alighted. She returned to the carriage about half-past six, going out by the east gate. Several persons had assembled outside. The carriage went out of the gate very slowly, and at the same moment I saw a well-dressed man step up to the carriage and immediately afterwards he was seized by the footman. That man was the prisoner. He was taken into custody immediately.

When Her Majesty arrived at Buckingham Palace Sir James Clark was sent for, and I saw Her Majesty's head bandaged and blood coming through the bandage.

Robert Renwick said,—I am sergeant footman to Her Majesty. I remember Her Majesty going to Cambridge-house on the 27th June. I was sitting behind the carriage when it came out of the gate of Cambridge-house. I saw the prisoner strike the Queen with a small cane on the forehead. I seized him immediately. The crowd closed upon him and he was secured.

By Mr. COCKBURN.—He was roughly handled by the crowd.

The cane was produced and identified by the witness.

James Silver.—I am sergeant of the A division of police. I saw Her Majesty's carriage leave Cambridge-house on the evening in question, and hearing an exclamation from the crowd I looked towards them, and saw the prisoner with the stick in his hand, which I now produce. The crowd were very indignant, and it was with difficulty I could preserve him from their violence. The prisoner gave his name at the station house as Robert Pate, and said he was formerly lieutenant in the 10th Hussars. He cautioned some of the witnesses who were being examined, and said they did not know whether he hit at the Queen's bonnet or her head, and added that it was a slight blow with a light stick.

By Mr. COCKBURN.—He gave his right address—27, Duke-street.

Samuel Cowling said—On the evening of the 27th of June I was among the crowd standing in front of Cambridge-house, and the prisoner came and stood close to me and tried to get before me. As Her Majesty came out in her carriage, the moment it came in front of me the carriage stopped for a second, and the prisoner made a step in advance and struck Her Majesty.



By Baron ALDERSON.—He struck her with his right hand.

Examination continued.—The blow fell partly on the bonnet and partly on Her Majesty's forehead. It was not a violent blow, but it was a hard blow. From the attitude of the prisoner I should say the blow was aimed under the bonnet. I seized him at once, and the policeman came up and took charge of him.

Colonel Grey recalled.—The Prince of Wales, Princess Adelaide, and I think Princess Alice were in the carriage at the time.

The witness Cowling in cross-examination said,—There were 200 people present at the time.

Sir James Clark said—I am physician to Her Majesty. I was sent for to see Her Majesty on the evening in question and arrived at the Palace between eight and nine. I examined her forehead and found a considerable tumor on the outer angle of the right brow, and a small cut. It had been bleeding, but the blood had stopped. I was surprised to see so much injury done by such a small stick, and I therefore infer it was used very violently. Her Majesty's bonnet was cut through. I think the skin was cut by the stick, and not by the wire margin of the bonnet.

By Mr. COCKBURN.—The wire was bent, but I do not think it assisted to cause the injury.

This was the case for the prosecution.

Mr. COCKBURN then addressed the jury for the prisoner. He said, that if the Attorney-General, appearing for the prosecution, felt so deeply the painful nature of the case they were now called upon to investigate, they might very well imagine how much more painful was the duty which he as the counsel for the prisoner was called upon to perform. An outrage had been committed upon a Sovereign who was revered and loved by all classes of her subjects—upon a

Sovereign who perhaps enjoyed the love of those subjects more than any other who had ever filled the throne of these realms; and he had to defend an unfortunate gentleman who was charged with the commission of that outrage. His learned friend had truly anticipated the nature of the defence he should offer. He would not attempt to trifle with the understanding of the jury by any endeavor to deny that the prisoner had actually committed the act with which he was charged, but he trusted to be able to satisfy them that at the time he committed it he was in such a state of mind as not to render him responsible. He would, in the first place, ask the jury whether the act in itself was one likely to be committed by a sane person? Without any motive—for none such could possibly exist—the prisoner had inflicted a blow upon his Sovereign—upon a Sovereign whose private virtues, whose Royal dignity, and whose public conduct had justly endeared her to her subjects. Could they believe that in open day a sane man could have committed such an act? He submitted that it was impossible he should do so, and he hoped to be able to satisfy the jury that the prisoner was suffering from an aberration of mind and that he really was not aware of the nature of the act he was committing. He agreed with the Attorney-General that the rules of law in such cases ought to be strictly adhered to, and if the evidence he should lay before them did not satisfy them of the fact, he would not for a moment think of asking them to stretch those rules, which were necessary for the protection of them all, for a particular purpose. He was aware that there were very great difficulties in the way of making out a defence of this character, and it would be his duty to call the witnesses and to lay their evidence before the jury, but he must confess that he was not very sanguine as to the result. He believed, however, that he should clearly satisfy the jury that the mind of the pri-

soner was deranged; and, although he might fail in establishing the insanity of the prisoner so as to release him from all responsibility, yet he felt assured the jury would be of opinion, that if he was responsible at all, he was not responsible to the extent that an ordinary man would be under similar circumstances. He would now proceed to give them some further account of the prisoner. They had heard that he was the son of a gentleman of fortune in Cambridgeshire, a magistrate for the county, and who in the capacity of high-sheriff had the honor of receiving Her Majesty upon the occasion of the installation of His Royal Highness Prince Albert as Chancellor of Cambridge University. The prisoner entered the army in 1841. At that time there was something eccentric and extraordinary in his conduct, but it appeared that no particular notice was taken of it, and he discharged all his duties in the regiment to the satisfaction of his superior officers, and was esteemed by them and everybody belonging to the regiment. Things continued in this state for a considerable time, the prisoner exhibiting a peculiarity of manner which excited attention but did not lead to a belief that the prisoner was suffering from any aberration of mind. In 1842, however, a circumstance occurred which materially tended to aggravate the symptoms that had before appeared and to increase the excitement under which the prisoner was suffering. It appeared that the prisoner had three favorite horses, and also a very fine Newfoundland dog, to which he was particularly attached, and it seemed that a dog belonging to another officer in the regiment had bitten this dog and also the horses, and they afterwards exhibited symptoms of hydrophobia and it was found necessary to destroy all the animals. This circumstance had a great effect upon the prisoner; he lay down by one of the horses and shed tears, and for a long time he was in a state of great excitement,

and there was no doubt that his mind, which was already weakened, sustained a great shock. He became reserved and morose, and ceased to take any pleasure in the discharge of his duties, and upon one occasion, when he was sent to Dublin with a detachment of his regiment, he set off for England without leave, and went to his father, to whom he represented that he had been compelled to go away from Ireland because persons were there who were conspiring against his life. He should show the jury that at this time the prisoner was laboring under the most extraordinary delusions. He fancied that the cook and messman of the regiment intended to poison him, and he complained to the colonel of his regiment that he was suffering from having bricks and stones in his stomach, and that the surgeon of the regiment was unable to give him any relief. The learned counsel then proceeded to detail a variety of extraordinary acts committed by the prisoner, the particulars of which will be found in the subjoined evidence. If a Commission of Lunacy had been issued against the prisoner under these circumstances, he asked the jury whether they would have hesitated for a moment in coming to the conclusion that he was insane? and he therefore thought he was justified in asking them to come to the same conclusion in the present case. He again repeated that the act itself was the act of an insane man. He did not believe that the jury would ever come to a decision that there existed in this country a human being possessed of the ordinary feelings of a reasonable and rational man who would raise his hand to insult or injure the present Sovereign of this country. The act was the act of a madman. It was motiveless and objectless. He knew it had been said that a morbid desire for notoriety frequently actuated persons in the commission of acts of this character, and it had also been suggested that persons in desperate circumstances re-

sorted to such acts in the hope of being provided for during the rest of their lives; but there were no such motives that could possibly have actuated the prisoner. It could be shown that he was a man fond of solitude, and that he shrank from society, and it was not at all likely therefore that he should seek a hideous notoriety by committing an act of this description. Besides, he was a man of education by his habits and his associations from his very childhood, and he must have imbibed notions of loyalty repugnant to the commission of any act of violence towards his Sovereign. Then, as to the other suggestion, that want of means might lead to such an act in the hope of being provided for, that was equally improbable, as the prisoner was the son of a man of fortune who had ample means of providing for his wants. What motive could there, then, be for the commission of the offence? As to any traitorous design, that was quite out of the question. A man did not attempt to carry out traitorous views of that character with a small cane such as the one that had been produced. Was there any political motive? Nothing of the sort could be attributed to this unfortunate gentleman. To what, then, could this act by possibility be referred but to the sudden impulse of a disordered mind? Since the proceeding the prisoner had been asked how he came to commit the act and he was unable to give the least explanation; all he could say was that the act was the result of a momentary impulse which he was unable to control. He knew that the defence of insanity was looked upon with great jealousy and caution, and he was not surprised that it should be so, and that people should look with suspicion at such a defence when the insanity did not appear to have been suggested until after the commission of some great crime by the party accused. He felt it his duty, however, to call the witnesses who would depose to these facts. He considered it was due to



the country, whose feelings had been outraged by the commission of such an act towards the person of their Sovereign; and he trusted the jury would express by their verdict the belief they entertained that no sane man in Her Majesty's dominions could have been guilty of such an act as the one imputed to the prisoner.

The following witnesses were then examined for the defence:—

Colonel John Vandeleur said,—I was lieutenant-colonel of the 10th Hussars when Mr. Pate joined the regiment in 1841 as cornet. He afterwards became lieutenant. He remained in the regiment till March, 1846, and during that time the regiment was quartered in England and Ireland. While we were stationed at Cahir I remember an accident happening to the prisoner's horses and dog. From the moment the prisoner joined the regiment I thought there was something strange in his conduct. His hair was cut very short, and I fancied his head had been shaved. He discharged his duties as an officer very well; and as to his being a gentleman there is no doubt about that. He was a person of mild demeanor and very much respected in the regiment. He had three horses and a Newfoundland dog, and he was very much attached to them. The prisoner's horses and dog were bitten by a mad dog belonging to another officer, and they were all destroyed. From this period I observed a great change in his conduct, and he appeared very much excited in consequence of a correspondence that took place between his father and the Duke of Wellington upon the subject of these horses. A claim was made upon Captain Wallington, to whom the dog that bit the prisoner's horses belonged, through the Duke of Wellington, and the prisoner seemed hurt that his friends had made such a claim. He appeared to avoid company, and used to take long, solitary walks by himself, and he com-

plained to me that he was ill just before he returned to England. He said that he had applied to the doctor of the regiment and he could give him no relief. I asked him what was the matter with him, and he said his stomach and bowels were full of bricks and that the doctor had not the skill to remove them. To the best of my knowledge the prisoner never replaced the horses that were killed, except one. The prisoner was constantly on the sick list after this. I considered he was laboring under a delusion. I sent him in command of a detachment from Newbridge to Dublin in 1845, and he had orders to return next day, but he left his detachment at Dublin without leave and returned to England. This was a serious military offence, and I communicated with General Wyndham on the subject. He returned in ten days. He was not brought to a court-martial. When he came back he appeared very well, and he gave no explanation for his going away. I communicated with his father in as delicate a manner as I could, and the prisoner left the regiment two months afterwards.

By the ATTORNEY-GENERAL.—I asked the prisoner where he had been, and he said he had been to England, but entered into no further particulars. He was put in arrest for the military offence, and after he was released he continued to perform his military duties as before. I am not certain whether he was on the sick list at the time he made this extraordinary statement to me, but he was shortly afterwards, and I have no doubt that he was really sick. A claim was made upon Captain Wallington to pay for the horses, as his dog had been the cause of their being killed. I think it right to say that Captain Wallington made honorable compensation.

Re-examined.—The General ordered that he should resume his duty, and he did so, but not with the same zeal as formerly.

By the COURT.—If I had thought the prisoner was of sound mind I should not have ordered him, as the General did, to resume his duty; and I presume the General acted upon the same suspicion that his mind was affected.

Captain Frith said,—I was formerly in the 10th Hussars. The prisoner joined about a year before me. I was very intimate with him, and remember hearing of the accident to his horses. His conduct was always that of a gentleman and an officer, and he was very much liked in the regiment. After the accident there was a great change in his manners and conduct. He frequently absented himself from mess and took long solitary walks. He also complained of the messmen and the cook, and said that they had conspired to poison him. I tried to convince him to the contrary, but could not do so. He also told me that there were stones and bricks in his stomach. Sometimes he was very reserved and at others very wild and excited without any apparent cause, and I thought his mind was impaired by the loss of his horses and dog. When he left the regiment he gave all his appointments to the adjutant of the regiment; which was not a usual thing. They were very valuable. I saw the prisoner about three o'clock on the day the blow was struck at Her Majesty midway between Duke-street and Hyde-park-corner, and I observed that his manner was more excited than usual. He was in the habit of swinging his arms and stick, and on this day he did so more than usual and every one turned back to look at him. I have met him at different times, and he was always walking in the same remarkable way, but I had never seen him so excited as on this day.

By the ATTORNEY-GENERAL.—I spoke to him on the occasion, and he recognised me and nodded in a wild manner. I once called upon him in Jermyn-street, but finding he did not wish to see any one I did not call again. He

complained of being poisoned and of having bricks and stones in his stomach at the same time. He was frequently upon the sick list. He performed his duty in the regiment, but I believe many little things were looked over on account of his eccentricity.

Sir Thomas Munro said,—I was Captain in the 10th Hussars and joined the regiment in 1842. I knew the prisoner and was quartered with him at Cahir. I saw him at Newbridge after the accident to his horses, and noticed that he appeared rather more odd than before. He had always been odd, and his manner and conduct were the subject of conversation in the regiment.

Thomas Venn said,—I am corporal in the 10th Hussars, and was in the regiment when Mr. Pate joined. I remember it being discovered that his horses had been bitten, and they went mad, and two of them were shot. Mr. Pate was very much concerned at the loss of one of these horses. After the first horse was taken ill he said that if any thing happened to the other—his big horse, as he called him—he did not know what he should do, and he should be inclined to make a hole in the river.

George Pitt, a sergeant in the 10th Hussars, also spoke to the fact of the demeanor of the prisoner when his horses were destroyed. He said that he was very much attached to his horses, and after they were killed he appeared very much depressed and his conduct was very eccentric.

Thomas Martin, the trumpeter to the regiment, gave similar evidence. He also said that it was generally remarked among the troops that he was not right. Sometimes he would stand looking, as though lost in thought, and then he would suddenly start off as though walking for a wager.

Mr. Robert Francis Pate said,—the prisoner is my son. I remember his leaving the regiment in Ireland without

leave. He came down to my residence at Wisbeach, and I ascertained he had not got leave of absence. I told him I was astonished and hurt at his conduct and asked for an explanation, and he said he had been hunted about Dublin streets by people, and he had seen the same people at the barracks, and he had even seen them about the hotels in London, and he said he had made his escape from Dublin in a vessel coming to Liverpool. I told him I could not let him remain with me, and that he must return immediately to his regiment, and he promised to go back the next morning. The prisoner did go away, and rejoined his regiment, and I afterwards received a letter from his colonel, advising me to take him out of the regiment. He had leave of absence afterwards, and I met him in London, and he then sold his commission, without my leave or knowledge. I understood from the prisoner that, after paying his debts, he had 1,200*l.* left. Application was afterwards made to me by persons to whom he was indebted, and I went up to London and saw the prisoner, and his appearance was so extraordinary that I was alarmed at it, and consulted Dr. Conolly, and he thought that the presence of the prisoner's sister might make him more comfortable, and advised that any treatment should be postponed for the present.

By the ATTORNEY-GENERAL.—The prisoner told me he had gone away from his regiment without leave, and I told him that he was liable perhaps to be shot ; and he replied that he could not help it. The prisoner never visited me at Wisbeach after he sold his commission. He was always very temperate in his habits. After I had consulted Dr. Conolly I made inquiry respecting the prisoner from time to time. I did not know what to do about putting him in an asylum but I thought he must



eventually go to one. I took no steps to control him in any way.

Charles Dodman said,—that he was servant to the prisoner while he was in the 10th Hussars. His conduct was always strange and eccentric. Witness remembered his leaving the detachment at Dublin and going away without leave, and after he returned he appeared more melancholy than before he left, and secluded himself as much as he could. After the prisoner left the regiment witness was again engaged as his servant. At this time he was living in Jermyn-street. His habits were very regular. He rose at 7 o'clock and first put his head into a large basin of water, and then he had a bath in which he had placed whisky and camphor. A pint and a half whisky and two ounces of camphor were the allowance for three mornings, and while he was in the bath he would shout violently and sometimes he would sing. He never mixed with society and always kept his blinds drawn down. It was also his custom when St. James' clock chimed a quarter past three to go out in a cab, and nothing could stop him from going at that precise moment. He gave nine shillings for a ride, and would always pay in shillings, and witness had to provide a sixpence and a large penny to pay the gates and the bridge, and he would not use any other coins. The prisoner's dress was always the same, winter and summer. The riding in the cab continued for a period of eighteen months, and during that period he only once received company.

By the ATTORNEY-GENERAL.—He paid his bills very regularly, and kept the receipts and put them away. With the exception of the eccentricity to which he had alluded he was very regular in his habits.

Re-examined.—He used to shout and sing and whis-

tle in a very extraordinary manner, and the people of the house used to observe upon his conduct.

By the COURT.—Upon one occasion the prisoner purchased some nursery rhymes and read them through. I never knew him to go to church or read the Bible. He used to ride and walk on Sunday the same as on any other day.

Edward Lee, a cab driver, said,—he was in the habit of driving the prisoner from November, 1847, and he fetched him regularly every day at one time—a quarter past three. We always went the same route, over Putney-bridge to Putney-heath, and to one particular spot. The prisoner used to get out of the cab and walk through the thickest of the furze bushes and gorse, and he was out of my sight for about ten minutes. Used to meet him again at one particular spot near a pond, and had seen him stand and look at the pond a few minutes and then jump into the cab. Sometimes the prisoner would tell him to gallop, and then he would pull him up and make him go at a foot pace. They used then to go to a particular place as Barnes-common, where he got out again and walked through all the furze bushes, and then they went home by Hammersmith-bridge. Witness always thought he was not right in his mind, and in the winter time he was alarmed at him. In all weathers, rain, hail, or snow, he used to get out and walk through the furze bushes, and he did so when it was quite dark. He was continually flourishing his stick while he was in the cab, but sometimes he would sit quite still, and people had asked him if the gentleman was right in his mind. What he had stated took place every day for eighteen months and in all weathers. He at first received ten shillings for the journey, but afterwards Mr. Pate gave him nine shillings and he was always paid in shillings, and the

heads of the shillings were always uppermost and always turned one way.

By the ATTORNEY-GENERAL.—Believed that the riding was discontinued because the prisoner could not afford to pay for it any longer. When the prisoner came back to the cab, after walking on the common, he was sometimes as wet as though he had been through a pond. The driving about had now ceased for about two years.

Charles Mason, a livery stable keeper, who had been in the habit of letting horses to the prisoner, deposed that last May he observed a great change in his appearance, and he made the remark that he was afraid he was going out of his mind.

Mr. James Starten deposed,—that he was a surgeon residing in Saville-row, and in 1849 the sister of the prisoner came to live with his family, and the prisoner was introduced to him. He had previously seen him in Kensington-gardens, and judged from his appearance that he was insane. He was throwing his arms and hands about in a most extraordinary manner, and his look was that of a man whose mind was not right. At this time he did not know who he was, but after he was introduced to him he recognized him as the same man. He had conversed with him, and, although there was certainly nothing insane in his conversation, yet from his mode of talking he should not set him down as a man possessing a sound mind. Upon one occasion witness advised him to get a classical education to fit him for some other occupation as he had left the army, and his reply was that no man in England was capable of teaching him any thing. The result of his conversation with the prisoner was that he communicated with the prisoner's father.

By the ATTORNEY-GENERAL.—Witness was not aware

that any thing was done by the prisoner's father in consequence of the communication he made to him.

Re-examined.—Witness always entertained the impression that the prisoner would commit some violent act.

George Gardner, the beadle of the Burlington-arcade, deposed,—that he had frequently seen the prisoner, and in consequence of his extraordinary conduct always entertained the opinion that he was not in his right senses.

Inspector Squire, of the metropolitan police, deposed,—that his attention had been attracted to the prisoner by his extraordinary demeanor and conduct in the street. He never saw him without a stick, and he was in the habit of flourishing it about backwards and forwards, and witness used to call him “cut and thrust.”

By the ATTORNEY-GENERAL.—Witness did not make any report upon the subject. He was not aware that the prisoner was watched by the police.

The O'Gorman Mahon examined by Mr. COCKBURN.—I have known the prisoner for eleven months and have occasionally met him at Mr. Starten's. From the first day I ever saw him I was under the impression that he was not a sane man, and my opinion was confirmed at the subsequent interviews I had with him.

By the ATTORNEY-GENERAL.—He is a man very much alive to the feelings of a gentleman, and I think he would shrink from doing a dishonorable or ungentlemanly act.

Mr. COCKBURN.—Do you think he would do a disloyal act?

The O'Gorman Mahon.—He is the last man I should suspect to be capable of committing a disloyal act.

The Rev. Charles Driscoll deposed that he had known the prisoner for about a year and a half. He was introduced to him at Mr. Starten's, but he had seen him before that time, and had formed an opinion as to his state

of mind and he thought him not in his sound senses. On the day this occurrence happened, about six o'clock, he saw the prisoner standing near the east gate of Cambridge-house. He stood quiet for a short time and then walked away westward, and he appeared much more excited than usual, and it induced witness to watch him more attentively. He heard of the assault being committed upon Her Majesty the same evening.

By the ATTORNEY-GENERAL.—The prisoner's manner in company was very sullen and reserved.

Dr. Conolly, examined by Mr. COCKBURN.—I am the head physician of the Hanwell Lunatic Asylum and have paid great attention to the malady of insanity. I was applied to by the prisoner's father respecting him in November last, and from what was told me I had reason to believe that he was improving, and fearing, if I was introduced to him, it might irritate him, I advised that nothing should be done at that time. I have conversed with the prisoner since this transaction, and in my opinion he is a person of unsound mind. I form this opinion from the conversations I myself have had with him, and from all the other facts I have heard, but principally from the former. It seemed to me that he has a very small share of mental power, without object or ambition, and unfit for all the ordinary duties of life. In conversation he would undoubtedly know the distinction between a right and a wrong action, but I should say that he would be subject to sudden impulses of passion.

By the ATTORNEY-GENERAL.—I am not aware that he suffers from any particular delusion. He is well aware that he has done wrong and regrets it.

By Mr. COCKBURN.—He can give us no account why or wherefore he committed the act. There does not appear to be the least motive, but he seems to have acted



under some strange sudden impulse which he was quite unable to control.

Dr. Munro said,—I have had five interviews with Mr. Pate since this transaction, and from my own observation and what I have heard to-day I believe him to be of unsound mind. I agree with Dr. Conolly that he is not laboring under any specific delusion.

By the ATTORNEY-GENERAL.—I think he may have known very well what he was doing, and have known that it was very wrong; but it frequently happens with persons of diseased mind that they will perversely do what they know to be wrong.

By Mr. COCKBURN.—From all I have heard to-day and from my personal observation I am satisfied the prisoner is of unsound mind.

Baron ALDERSON.—Be so good, Dr. Munro, as not to take upon yourself the functions of the judge and the jury. If you can give us the results of your scientific knowledge upon the point we shall be glad to hear you; but while I am sitting upon the bench I will not permit any medical witness to usurp the functions both of the judge and jury.

Dr. Munro apologized, and said he considered that he had only answered the question that was put to him.

This closed the case for the prisoner.

The ATTORNEY-GENERAL then made a brief and eloquent reply. He assured the jury that he could willingly have spared himself the pain of addressing them upon the evidence that had been adduced on behalf of the prisoner, but his duty left him no alternative. He should, however, confine his observations entirely to the evidence that had been adduced and merely give the reason why he considered the jury would not be justified in acquitting the prisoner on the ground of insanity. His learned

friend had relieved him from one difficulty by the course he had taken, and it now appeared to be admitted on all hands that in open day, and in the presence of Her Royal children, Her Majesty had been struck by the prisoner at the bar. It appeared to him that his learned friend felt the difficulty in which he was placed by the nature of the defence, and his object appeared to be to endeavor to obtain a lenient sentence on the prisoner on the ground that he was a person of weak mind, rather than that he should be acquitted upon the ground of insanity, the effect of which would be that he would be imprisoned for the rest of his life. It appeared to him, however, that it would not be a justifiable or proper course that a sentence should be passed upon a man who possessed a dangerous propensity of this description, the effect of which would be to set him at liberty in a short time, when he would probably be unwatched and unrestrained as he unfortunately appeared to have been hitherto, and be thus left at full liberty to renew his dangerous and violent proceedings, and that the prisoner ought either to be convicted of the offence which he had undoubtedly committed, or else that he should be acquitted on the ground of insanity, the effect of which would be that he would be properly restrained and prevented from committing further mischief. The question, then, which the jury had to decide was, whether the prisoner was in such a state of mind as rendered him responsible for his actions. It had been urged by his learned friend that the act in itself was the act of a madman. He trusted, however, that the jury would pause before they incurred the dreadful responsibility of sanctioning the principle that the mere atrocity of an act was in itself evidence that the party committing it was insane. His view of the law—subject to the correction of the Court—upon the ques-

tion of the defence of insanity was this:—It was not mere extravagance or eccentricity of conduct that would justify a jury in coming to the conclusion that an accused person was insane, but it was necessary to show that a man was not aware what he was doing or was incapable of distinguishing between right and wrong, to justify them in coming to such a conclusion. This rule had been distinctly laid down by Lord Hale, and it had always been acted upon, and it had been confirmed by the judges upon the questions submitted to them in the case of *McNaghten*. The whole question for the jury then was this:—Did the prisoner at the time he struck the blow know he was doing wrong? If he did so, he was guilty of the offence imputed to him, and no consideration on earth ought to induce them to swerve from the strict rule of law and from saying so by their verdict. Such a person was responsible for his act, and the law required that he should be punished for it. He would not deny that the gentleman had exhibited great eccentricity, and that his conduct upon some occasions had been most extraordinary, but these circumstances were very far from justifying the jury in acquitting him upon the ground of insanity. Nothing more had been proved than that he was eccentric, and that he was very much affected at the loss of his dogs and horses. Had he ever been treated like an insane person? He was always allowed to manage his own affairs; he sold his commission and appropriated the proceeds to his own purposes, and he had been always allowed to conduct his own business, and he could not help observing that it appeared to him there had been some neglect on the part of his father in not taking some charge of him when he was aware of his eccentric habits. Did all the facts, however, prove that at the time the prisoner struck Her Majesty he did not know what he was

about or that he was doing wrong, and if the jury were not satisfied of this they were bound to return a verdict of guilty. What was the prisoner's conduct when he was taken into custody? Did it not clearly show that he was perfectly well aware of what he had been doing, and was his conduct any thing like that of an insane person? All he endeavored to do was to palliate his offence. He was perfectly aware he had done wrong, and he sought to extenuate the act by saying that the witnesses could not tell whether he struck at the Queen's face or at her bonnet, and he subsequently said that it was only a little blow with a light stick. This plainly showed that he knew well what he had done and that it was a wrong act, and it put an end to the defence altogether. The Attorney-General concluded by stating that this was in reality the only question the jury had to decide, and he felt satisfied they would return a verdict that would be satisfactory to their own consciences and to the country.

Mr. Baron ALDERSON then summed up. He said they would have no difficulty with regard to the fact of the prisoner having struck Her Majesty, or that his intention was one of those mentioned in the indictment. That he intended to injure Her Majesty, was apparent from the fact that he actually did injure her, and that blood flowed in consequence of the blow. With regard to alarming Her Majesty, probably from the natural courage of the family to which she belonged, that was not done; but there was no doubt that the former count, and also the one charging an intention to break the public peace, had been clearly made out by the evidence. He would not waste their time by going through the evidence for the prosecution, because it was admitted that the prisoner had committed the act, and that if he was a man of sound

mind and understanding, he was responsible ; and whether he was so or not was the only question they had to decide. It was clear that at the present time the prisoner was perfectly sane—they began with that fact, and the law threw upon the prisoner the onus of proving that he was in a different state at the time the offence was committed, and the jury would say whether that had been done after he had explained to them what was his opinion of the law upon the subject. In the first place, they must clearly understand, that it was not because a man was insane that he was unpunishable, and he must say that upon this point there was generally a very grievous delusion in the minds of medical men. The only insanity which excused a man for his acts was that species of delusion which conduced to and drove a man to commit the act alleged against him. If, for instance, a man being under the delusion that another man would kill him, killed that man, as he supposed, for his own protection, he would be unpunishable for such an act, because it would appear that the act was done under the delusion that he could not protect himself in any other manner, and there the particular description of insanity conduced to the offence. But, on the other hand, if a man had the delusion that his head was made of glass, that would be no excuse for his killing a man. He would know very well that, although his head was made of glass, that was no reason why he should kill another man, and that it was a wrong act, and he would be properly subjected to punishment for that act. These were the principles which ought to govern the decision of juries in such cases, They ought to have proof of a formed disease of the mind ; a disease existing before the act was committed, and which made the person accused incapable of knowing at the time he did the act that it was a wrong act for him to



do. This was the rule he should direct them to be governed by. Let them try it by this test. Did this unfortunate gentleman know it was wrong to strike the Queen on the forehead? Now, there was no doubt that he was **very** eccentric in his conduct, but did that eccentricity disable him to judge whether it was right or wrong to strike the Queen. Was eccentricity to excuse a man for any crime he might afterwards commit? It was true that after the prisoner had committed a breach of military discipline by going away from his regiment without leave, he had been excused on account of his supposed weak state of mind, but that was no criterion for the jury and they must adhere to the law in its strictness. The prisoner was proved to have been perfectly well aware what he had done immediately afterwards, and in the interview which he had had since with one of the medical gentlemen he admitted that he knew perfectly well what he had done, and ascribed his conduct to some momentary uncontrollable impulse. The law did not acknowledge such an impulse, if the person was aware that it was a wrong act he was about to commit, and he was answerable for the consequences. A man might say that he picked a pocket from some uncontrollable impulse, and in that case the law would have an uncontrollable impulse to punish him for it. What evidence was there, then, in the case, to justify them in coming to the conclusion, that when the prisoner struck the Queen, he did not know it was a wrong act—in fact, that what he was doing was wrong? The learned judge then read over the whole evidence for the defence, commenting upon it as he proceeded. He went on to say that the prisoner was an object of commiseration was quite clear; and that he should also have been taken better care of, was equally true; but the question they had here to decide was, were

they satisfied that he was suffering from a disease of the mind which rendered him incapable of judging whether the act he committed towards the Queen was a right or a wrong act for him to do? If they were not satisfied of this fact, they must say that he was guilty; but on the contrary, if they thought he was not aware what he was about, or not capable of distinguishing between right and wrong, they would then say he was not guilty on the ground of insanity.

The jury retired at 20 minutes past three and did not return into court until 5 minutes past seven, when they gave a verdict of *Guilty*.

The prisoner was immediately called up for judgment.

Baron ALDERSON addressed him to the following effect:—Robert Pate, the jury have found you guilty after a very long and patient inquiry, and there can be no reasonable doubt that they have come to a right conclusion. At the same time, it is quite clear that you are a person of very eccentric habits and in some degree differing from other men, and it is probable that it has pleased God to visit you with some mental affliction, for which you are to be pitied. The offence you have committed, however, is one of a very serious and important character. You have been found guilty of striking a woman, which for a soldier is a very shocking thing; but when it is considered that this woman was your Sovereign—that it was a lady entitled to the respect of the whole country by her virtues and her exalted position, that act which in an ordinary case would be a very serious offence, under these circumstances becomes truly heinous. How could it happen that you, a soldier of the country, could insult one beloved by all on account, not only of her exalted station, but by her domestic virtues? Yet she was the object of your attack, and whom you insulted by a blow.

Considering the station of your family and your own position, the Court will not inflict the disgraceful punishment of whipping upon you. The Court has some respect for you, though you had no respect for others. It will still, however, be its duty to pass such a sentence upon you as will prevent you, at all events for a long period, from doing any further mischief. I would fain believe you were not in your right senses at the time you committed this act, and it has long been the boast of this country that no man of sane mind could be found capable of committing an attack on his Sovereign; but at the same time I think the jury were quite right, upon the evidence that was adduced, in not acquitting you upon the ground of insanity. Under all the circumstances the sentence that I feel it my duty to pronounce upon you is, that you be transported beyond the seas for the term of seven years.

The prisoner heard the sentence without betraying the slightest emotion, and when the learned Judge had concluded his address he bowed to the Court, and immediately turned round and without uttering a word retired to the jail.

The trial lasted nearly nine hours.

We subjoin the editorial comments of the "Times."

"The charge of Mr. Baron ALDERSON and the verdict of the jury will be received with great satisfaction. The only chance of checking the morbid infection of an outrage such as that perpetrated by Robert Pate consists in the steady administration of the law. As far as possible a person so circumstanced should be taken out of the category of illustrious victims. There is really nothing interesting in the fact of striking a lady on the face with a whip. Any fellow—not an absolute madman—who com-

mits so monstrous an outrage, should, if he be preserved from the instant expiation of his offence by the interference of the police, be regarded in the light of as vulgar a criminal as ever occupied the dock of the Old Bailey. The only fear is that juries may be tempted to connect such offences, from their very enormity, with the existence of aberration of intellect. In such a case an idea gets abroad that a month's notoriety may be purchased at the expense of a certain amount of personal restraint. One outrage begets another, and an infinite series of weak and vicious persons follows in the track of the first offender. This is the notion that requires to be checked. We are old-fashioned enough to assume that the certainty of punishment in such instances, as in the case of ordinary offenders, does deter from crime. It is very fortunate, therefore, for society that the jury at the Central Criminal Court yesterday, under the direction of Mr. Baron ALDERSON, refused to listen to the plea of insanity set up by the professional advisers of the prisoner.

"After all, what kind of proofs of insanity were the jury called upon to receive in opposition to the evidence of their own eyes? It was shown by the witnesses for the defence that whilst walking in the public streets Robert Pate habitually indulged in gesticulations; that he was in the habit of talking aloud to himself; that he lifted his heels high as he walked, so as to attract the notice of the passers by. Is all this evidence of insanity? At the moment we write we have present before us the figure of one of the greatest writers and orators England can show, as he is to be seen passing along the public streets. He does not notice the passing crowd. His mind's eye is turned inwards; and whilst he walks along, the well-poised sentences which are one day to delight his readers escape unconsciously from his lips.\*

\* T. B. Macaulay.

Is he mad? Then again, the prisoner's servant deposed that while he was in the bath he would shout and sing in such a manner as amused the people of the house. If every man be mad who endeavors to modify the tedium of his morning ablutions by giving utterance to the fag-end of a song, it is high time the accommodations at Hanwell should be enlarged. Then, again, it is said that Robert Pate quitted his regiment without leave and returned to his father's house. Many a young man has been guilty of such a violation of discipline; and yet we cannot see that he is therefore entitled to horsewhip the Queen without rendering himself amenable to punishment. To take some of the additional points that were insisted on as evidence of the prisoner's insanity, we would call attention to the statement of his Colonel that whilst he was in the service he stated to him one day, 'That his bowels were full of bricks, and the doctor had not the skill to remove them.' This was a delusion no doubt, but yet it is no proof of the disturbance of moral feeling, or even of intellectual shrewdness on all other points. We have heard of a member of the British aristocracy managing his affairs with uncommon astuteness, and yet under the firm belief that he was constantly in that condition in which ladies wish to be who love their lords. Delusions on the subject of health are of such ordinary occurrence as not even to deserve notice, and we can see no better evidence of insanity in Pate's taking daily drives in a Hansom's cab to Putney and Wimbledon-common than in the appreciation he showed of our climate by burning fires all the year round. There is really no matter of any kind of weight throughout the evidence adduced in support of the theory of insanity, except it be the statement of Captain Frith, that the prisoner told him one day 'he was afraid the messman and



cook had conspired to poison him.' But what had this monomaniacal idea, even if it had ever assumed importance in the prisoner's mind, to do with his attack upon the Queen so many years afterwards? That he was a flighty, eccentric person we are perfectly prepared to believe; but no kind of proof was brought forward in the course of yesterday's proceedings to show that he was not of sound mind, so as to be unable to distinguish between right and wrong. On the contrary, while he was with his regiment he is described as having discharged his duties regularly and to the satisfaction of his commanding officer; and even up to the day of the attack he was living by himself in his lodgings, paying his bills with perfect regularity, and managing his affairs in every way with propriety. With such evidence it was quite impossible that the jury could have arrived at any other conclusion, and yet with our experience of the proceedings of criminal courts we feel almost grateful for their decision."

Can we do wrong in expressing the opinion that if Pate *had committed murder* he would with the professional and non-professional testimony adduced, have been acquitted on the plea of Insanity?

[For the above copy of the London "Times" we are indebted to Henry Marshall, M. D., of Edinburgh.]

## ARTICLE III.

ON THE COMPARATIVE LIABILITY OF MALES AND FEMALES TO INSANITY, AND THEIR COMPARATIVE CURABILITY AND MORTALITY WHEN INSANE. By EDWARD JARVIS, M. D., of Dorchester, Mass.—*Read before the Association of Medical Superintendents of American Institutions for the Insane, at Boston, June, 1850.*

## I. THE COMPARATIVE LIABILITY OF MALES AND FEMALES TO INSANITY.

In regard to the comparative liability of males and females to lunacy, there have been but few thorough, and no extensive, investigations, and fewer records of reliable facts. Some authors have given opinions, and they are men whose opinions are not to be lightly questioned, but they, as well as we, have reason to complain of the want of satisfactory data to found their opinions upon.

Pinel says, that there are twice as many female as male lunatics in France.

Spurzheim says, in general terms, "there are more women than men liable to insanity."\*

Esquirol, that authority above all others in these matters, says, "that women are more exposed to mental maladies than men,"† yet, in another page, he says, "mania is more frequent in males than females."‡ But their relative liability differs in different ages and differ-

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\* On Insanity, p. 102. † Maladies Mentales, i. p. 584. ‡ Ibid. ii. p. 133.

ent places, for he says, "that it is now true that, in Greece and Italy, females are less subject to madness (*folie*) than males. But in the north of France the contrary is the fact, for there are more female than male lunatics."\*

But in England, he says, this is reversed, and the male lunatics are the most numerous. This he ascribes to the better education of females in England than in France, by which the women of England are protected from some of the causes of lunacy that affect women in France.

Unfortunately all our data which should show the number of lunatics among all the people, or the proportion of lunatics in the two sexes, are of a secondary nature. I have been able to find an accurate census of the lunatics of the distinct sexes† of only one nation, and that is the report of the commission of Lunacy to the Minister of Justice of Belgium, of the number of lunatics in that kingdom. There were males 2,744, females 2,361, in the year 1835,‡ which shows an excess of about 16 per cent of the males over the females.

Even the Metropolitan Commissioners of Lunacy of Great Britain have only reported those lunatics which were in hospitals and work-houses, and under commission. The paupers are probably reported accurately, but the private patients who are at their houses, or in private families are not reported.

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\* *Maladies Mentales*, i. p. 39.

† The admirable report upon Lunatics in France, in the "*Statistique de la France*," published by the French Government from official and reliable investigations, states the number of Lunatics in each Department, and each hospital, and place of refuge; but, unfortunately, it does not discriminate the sexes, so that the facts of that report are unavailable for our present purpose.

‡ *Rapport de la Commission pour l'Amelioration de la condition des Alienes*, en Belgique, p. 4.

According to their report, \* there were in England and Wales, January 1st, 1844,

TABLE I.

Condition of Patients.	Males.	Females.	Total.
Private or self- supporting, }	2,161	1,911	4,072
Paupers,	7,701	9,120	16,821
Both classes,	9,862	11,031	20,893

These Commissioners seemed to have made no enquiry in the private families of the prosperous. This statement, therefore, as it does not include the self supporting patients who are not in Asylums, cannot be taken as a representation of all the lunatics of England and Wales.

Esquirol says, that there were in Norway, 995 male and 895 female lunatics; and in Paris, 6,156 males and 6,713 females insane. †

Almost the whole of our data for determining the number of insane in any community or nation, or in either sex, are limited to the observation of Hospitals, and these show, not the whole number of lunatics in any population, but only the numbers who have been sent to their care for cure or for custody.

For want of any accurate census of lunatics among the people at large, Esquirol collected the records of many Hospitals, and ascertained, that there were and had been confined in these during various periods, but equal for both sexes, 38,701 females and 37,825 males, showing a proportion of about 38 female and 37 male lunatics, which, he inferred, was about the proportion in which this disorder affected the two sexes. ‡

\* Page 194.

† *Annales d'Hygiène*, iv. p. 351.‡ *Ibid.*

I have now collected the Reports of 159 Hospitals and licensed establishments, public and private for the insane in England and Wales, 8 in Scotland, 12 in Ireland, 37 in Belgium, 11 in France, 2 in Germany, 20 in the United States, and 1 in Canada,—250 in all, which for various periods, but equal for both sexes, have reported the numbers of male and female lunatics admitted. In the Reports of Great Britain and Ireland the re-admissions are not included; but as no exception of this nature is made in regard to the Hospitals of other nations, it is probable that the re-admissions are included.

The number and sexes of the patients admitted in these 250 Hospitals and establishments are shown in the three following tables:—

TABLE II.  
*Male and Female Patients admitted into American Hospitals.\**

Hospital or Asylum.	Location.	Time of record.	Patients admitted		Males for 100 Fem.
		Years.	Males.	Fem.	
Massachusetts State,	Worcester,	1833 to 1849	1,707	1,650	
McLean,	Somerville, Mass.	1818 to 1849	1,661	1,371	
City,	Boston, Mass.	1839 to 1849	313	298	
Maine State,	Augusta,	1840 to 1849	474	394	
N. Hampshire State,	Concord,	1842 to 1849	274	273	
Vermont,	Brattleboro',	1846 to 1849	309	315	
Connecticut,	Hartford,	1824 to 1849	942	955	
Bloomington,	Bloomington, N.Y.	1821 to 1849	1,221	853	
New York State,	Utica,	1844 to 1849	1,209	1,167	
New Jersey State,	Trenton,	1848	47	39	
Pennsylvania,	Philadelphia,	1841 to 1849	889	710	
Friend's,	Frankford, Pa.,	1818 to 1849	547	525	
Maryland,	Baltimore,	1839 to 1849	623	446	
Virginia East. State,	Williamsburgh,	1836 to 1849	650	384	
Virginia West. State,	Staunton,	1836 to 1849	410	266	
Louisiana State,	Jackson,	1849, 1849	73	57	
Tennessee State,	Nashville,	1844 to 1849	215	101	
Kentucky State,	Lexington,	1824 to 1849	1,020	482	
Indiana State,	Indianapolis,	1849	51	53	
Ohio State,	Columbus,	1839 to 1849	716	649	
Temp. Asylum,	Beaumont, Canada,	1845 to 1848	122	112	
Twenty-one Asylums,			13,473	11,100	121

\* Condensed from the annual reports of these Institutions.



TABLE III.

*Classification of the Asylums in England and Wales.\**

No.	Classes of Asylums.	Patients admitted.		Total.
		Males.	Females.	
15	County Asylums erected under Acts 48 Geo. III. and 9 Geo. IV.,	9,684	8,976	18,660
2	Asylums made by local Acts, 9 Geo. IV.,	248	298	546
2	Military and Naval Asylums, Chatham and Gosport,	1,286	22	1,308
2	Bethlem and St. Luke's, London,	7,894	11,559	19,453
10	Public Asylums, wholly or partly supported by charity,	4,215	3,331	7,546
30	Metropolitan, licensed to receive private patients,	1,314	953	2,267
3	Do. private and pauper,	2,998	3,065	6,063
51	Provincial, licensed to receive private patients,	2,756	2,061	4,817
44	Do. private and pauper,	5,277	4,645	9,922
159		35,672	34,910	70,582

TABLE IV.

*Male and Female Patients admitted into Hospitals.*

Nation.	No. of Hosp.	Patients admitted.		Males for 100 Females.
		Males.	Females.	
American, †	21	13,473	11,100	121
English and Welsh, †	159	35,672	34,910	102
Scottish, †	8	2,832	2,429	116
Irish, †	12	6,213	5,752	108
Belgian, §	37	1,338	1,436	93
French,	11	4,737	4,295	111
German, ¶	2	521	320	160
	250	64,786	60,242	107

These 250 Institutions for the insane received 125,028 patients; of whom 64,786 were males, and 60,242 were

\* Condensed from the separate Appendix to the report of the Metropolitan Commissioners in Lunacy. Folio 1844. The number of patients received in the Hospitals of Hanwell, Suffolk, and Lincoln, in one year, 1844, are added from the reports of those Institutions.

† Annual reports.

‡ Statistical Tables of the report of the Metropolitan Commissioners.

§ Rapport de la Commission chargée par M. le Ministre de La Justice, de proposer un plan pour l'amélioration de la condition des Aliénés en Belgique. Folio. Bruxelles: 1842.

| Esquirol, *Maladies Mentales*, II.

¶ Esquirol and Jacobi, p. 296.

females. This reverses the proportion given by Esquirol, and shows a preponderance of males.

We have no means of determining what proportion of all the lunatics in these several countries respectively, the lunatics in their Hospitals represent, nor, whether both sexes are represented equally or unequally, except in Belgium. In that nation there were 2,744 male and 2,361 female lunatics,\* but of these only 1,338 males and 1,436 females were in the Hospitals. This shows a larger proportion of the females than of the males in the institutions devoted to their use, being 60 per cent. of the women and only 48 per cent. of the men who were insane throughout all Belgium.

If the same proportion of the lunatics of each sex is sent to the insane establishments in other countries as in Belgium, this would afford a means of calculating their true numbers, and the proportions of male and female lunatics. Thus, if in America, the numbers 13,473 males and 11,100 females admitted into the insane Asylums represent 48 per cent. of the former and 60 per cent. of the latter, at the several periods for which these are reported to be in the Asylums, then the true proportion of lunatics will be as 28,068 males to 18,500 females, or about 151 of the former to 100 of the latter. In Great Britain and Ireland the proportions will be as 93,168 males to 71,801 females, or as 129 to 100; and in France as 129 male to 100 female lunatics.

But leaving out this calculation, and supposing that the proportion of the insane of both sexes are truly represented in the Hospitals, we must yet compare these with the numbers of either sex from which they come.

In estimating the comparative liability of the sexes to insanity, it is not enough to compare the numbers of the

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\* Rapport de la condition des Aliénés, en Belgique, p. 4.

male with the female lunatics; but we should compare the proportion which the insane of one sex bear to the whole numbers of that sex, who are subject to this disorder, with a similar proportion in the other sex. In all established countries which are not peopled, in whole or in part, by recent immigration, there are more females than males, in all ages beyond childhood.

Almost all the cases of insanity occur after the age of 20. The proportion of those who become insane, previous to this period, is so small, that it may be left out of the calculation.

According to the last census there were in Great Britain and Ireland 6,724,079 males, and 7,309,264 females, above 20 years of age. If the sexes have borne the same proportion during all the periods from which the Hospital reports are taken, then the proportionate liability to insanity, so far as can be determined by the admissions into insane Asylums, will not be in the apparent proportion of 44,717 males to 43,091 females, but in the true proportion of 6,652 male lunatics to 5,894 female lunatics sent to these Hospitals out of a million of persons of each sex over 20 years of age, throughout the whole Kingdom; or in the ratio of 100 females to 112 males.

In the 15 States of this country, from whose Hospitals the sexes are separately reported, and included in this calculation, there were in 1840, according to the national census, 2,687,274 males, and 2,581,062 females, over 20 years of age. Then the true proportion of the different sexes, contributed to the lunatic Hospitals, is not as 13,351 males to 10,988 females, the numbers actually received; but as 4,957 males to 4,257 females from every million persons of each sex over 20 years old; or as 100 females to 115 males, which is a difference in favor of

women, somewhat greater than that in Great Britain and Ireland.

In Belgium, according to the census of 1846, there were, over 20 years of age, 1,266,232 males, and 1,280,922 females. The whole number of lunatics in the nation was, 2,744 males, and 2,361 females, and of these 1,338 males and 1,436 females were in the Hospitals, which gives in a million of each sex of the liable age, 2,167 male and 1,843 female lunatics in the nation, and 1,056 males and 1,121 females in the Hospitals. Or, the whole amount of lunacy is as 116 males to 100 females; and lunatics under care in Hospitals are as 94 males to 100 females.

From this review of the facts which I have been able to obtain, we find that the proportion of males and females received into lunatic Asylums is not the same in all countries. The males predominate in the Asylums of America, England, Scotland, Ireland, and France, and among the people of Belgium. The females predominate in the Asylums of Belgium, among the people of Norway and of Paris, and among the paupers of England and Wales.

According to the estimates of authors, there is a similar variety of prevalence in various countries.

So far then as is known, we may conclude, that though it seems probable that males are more liable to insanity than females, yet this is not a universal fact in all places and in all ages.

In considering the relative liability of the two sexes to insanity, it would seem reasonable first to inquire into their respective anatomy and physiology, but here we look in vain for light; for those works that treat upon these subjects, even those which are devoted exclusively to the description of the brain and its functions, make no

distinction, in this respect, between males and females. They all describe the brain as one and the same in both. We can infer nothing from the anatomical structure, or the healthy action of this organ, as to the relative liability of either sex to lesion or functional disorder.

Anatomy and physiology, which make no revelation as to any inequality of the powers of the brain in the different sexes, are equally silent as to any difference in the amount of labor or suffering which either will bear, or of the burden under which either will falter.

Seeing then that there is no structural or functional difference of brain of the two sexes, which should lead us to suppose that there is any difference in their liability to mental derangement, we may next look to their temperament, their character, or position, which have no relation to their cerebral functions, and see whether there is any thing in these which lead to insanity in one sex more than in the other.

The temperament of females is more ardent, and more frequently nervous than that of the males. Women are more under the influence of the feelings and emotions, while men are more under the government of the intellect. Men have stronger passions and more powerful appetites and propensities. Women are more hopeful and confiding, especially in what regards the affections, but they are less given to sensual indulgence. Men are more cautious in regard to matters of a social nature. But in regard to the affairs that affect the intellect, they are more bold and less cautious. Their intellectual functions are oftener exercised without reference to the power of the physical organ. Their inclinations and propensities, of whatever nature, intellectual, moral, or physical, are more powerful and uncontrollable, and they are more likely to over-work and disturb the brain than women.



Women are more calm and patient, they endure difficulties and afflictions better than men, who are more uneasy and impatient under trial. It is said, and with truth, that women sooner yield, but being elastic recover again, while men being more firm, resist longer, and then break without power to rise again as readily as females do, when they are cast down.

The position of women exposes them less to many of the causes of insanity, such as some of the varieties and changes in life and fortune, accidents and injuries.

The difference of education and tastes, as well as of the habits and temperaments of the two sexes, concur also in producing a difference in exposure to many of the causes of mental disturbance.

The character of insanity is not one and the same in all persons. It is very various in its origin, its development, its progress, and its result in different individuals. It may arise out of a lesion of the brain, or merely a functional disturbance. There may be a structural change, as a softening or tumor, or watery effusion in this organ, or a growth of bone, or perhaps a malformation of the skull which produces pressure on its contents. Or there may be merely a derangement of function from excessive or wayward mental action or emotions connected with no organic change. This is the most common condition of insanity.

Functional derangement may be produced by some cause which does not act directly on the brain, but through some sympathetic irritation from a disturbance in other and even remote organs.

Among the prolific sources of the last description are the derangements of the stomach and the bowels, including all the nutritive functions, the irritations of the excretory organs, the urinary apparatus, the skin, and the lungs, and

also some diseases, fevers, measles, inflammations, &c. These are common to both sexes; but all the various and manifold derangements of the reproductive system, peculiar to females, add to their causes of mental disorder.

It will readily be supposed, that these causes of insanity are very numerous. The treatises upon this disease speak of its causes as many. The reports of lunatic Hospitals are intended to state all the circumstances, conditions, habits, or events, that seem to the physician, or are supposed by the friends of the patients, to be the real causes of their lunacy. The reports of the Bloomingdale Hospital mention 85 causes; those of the Western Virginia Hospital mention 75 causes; those of the Utica New York Hospital, 65; those of the Pennsylvania Hospital, 34; and all the reports of all the lunatic Hospitals of the United States mention 181 different causes of insanity.

The reports of some Hospitals reduce these causes to classes, of which 8 are reported from the Hospital at Worcester, Mass., 9 from the Hospital at Columbus, Ohio. The British Hospital reports state fewer causes than the American. The report of the Metropolitan Commissioners of Lunacy give from 8 to 16 causes for each Hospital, beside a class termed physical causes. This class, in those reports, usually includes epilepsy, palsy, injuries, and sometimes hysteria, and even puerperal mania, which, however, are sometimes stated separately.

Yet these causes of insanity, many as they are, even the 181 of the American reports, are capable of still further sub-division; and if they were reduced to their simple elements, they would be almost as numerous and various as the unkindly influences that can be brought to act on mankind. The term ill-health, as a cause of insanity, may be divided into almost the whole range of the nosology.

There may be error in these statements of causes in re-

gard to some patients. Some of these supposed causes may have been pre-existing, or even merely co-existing facts, rather than productive causes. And possibly some of them may have been the result of the diseased action, and the first manifestation or a part of the insanity. Yet, making all due allowance for the mistakes of friends or the misjudgment of physicians too eager to find causes, it may be assumed, that most of these facts or conditions had some, if not the principal influence, in the production of the mental disturbance.

Whatever truth or error there may be in this imputation of causes, it is the same for both sexes, and they are probably as correct for males as for females. And whatever deduction is to be made from, or discredit thrown upon, one, may with equal justice be imputed to the other. It is safe, therefore, to suppose, that the influence of these several causes holds the same ratio in regard to the two sexes as the statements that are published in the reports of Hospitals and the treatises upon insanity.

Having premised this, it will be worth while to examine the records of cases, to see how far these several causes have acted upon the brain of men and women, and also to examine each cause or class of causes separately, and consider how far either sex, from organization, temperament, education, habits, tastes, or position in life, is exposed to any or all of them.

We are reduced to this issue in all our inquiries whether males or females are most liable to become insane; for, as we have no means of determining, from the nature of the disease, or from anatomical structure, which are the most readily affected with lunacy, we must inquire, which sex is most exposed to the influences that produce it, or which has the most power to resist them.

The following table, which is condensed from the Brit-

ish, Irish and American reports before quoted, includes the cases of lunacy of which the causes are stated in reference to each sex separately. It will be seen that it contains only a small proportion of those which are given in Table IV., for the reports of many Hospitals do not state the causes in reference to the sexes; some do not state them at all; and all state them for only a part of their patients, giving a very large class, often half, or even more than half, in a class of unknown causes. Table IV. includes the admissions into most of the hospitals during the whole of the period of their existence. This period varies from 92 years in St. Luke's, London, to three months in Britton Ferry. The greater proportion of them have been established within 20 years. But the reports of causes, in the Commissioners' report, cover only a period of five years, ending with 1843. In America, the reports from the Hospitals of Worcester, Mass., of Utica and Bloomingdale, N. Y., Pennsylvania, Western Virginia, Tennessee, Ohio, and Indiana only, state the causes in reference to the sexes. All these, the British, Irish and American are included in the following table:—

TABLE V.

*Causes of Insanity in Males and Females.*

Causes.	Males.	Females.
Intemperance,	2,290	606
Vice and sensuality,*	467	320
Masturbation,†	248	17
Connected with poverty and property,	1,396	884
Domestic trouble, grief, loss of friends, } disappointed love, &c. }	1,017	1,856
Connected with religion,	785	782
Fright,	167	261
Bodily disorders, injuries, accidents, ‡ &c.,	1,718	1,949
Injury of the head,	381	112
Excessive study, devotion to theories, speculations, politics, &c. }	451	153
Physical causes, palsy, epilepsy, &c.,	1,012	745
Puerperal, lactation, &c.,		926
Hereditary, §	1,754	1,810
	11,686	10,421

\* This cause, or class of causes, is given in the British, but not in the American, reports.

Among these causes, females are alone exposed to those which grow out of the uterine and mammary structure and functions. The puerperal condition, lactation, and catamenial irregularities, are then so many causes of mental disorder added to them besides those which they are liable to in common with men. In determining the comparative liability of the sexes to lunacy by statistics, all those cases among females that grow out of causes connected with the reproductive system should be deducted from the whole number of cases of female lunacy, and the remainder compared with the whole number of male lunatics. Then we should be able to compare the numbers of lunatics of the two sexes whose disorders are produced by causes connected with the organization or functions that are common to both. This would leave a balance considerably in favor of females.

Ill-health, without designation, mere invalidity or low vital power, probably including many cases of dyspepsia, constipation, &c., and other derangements arising out of bodily inactivity or want of sufficiently powerful external stimulus of action, without doubt affects females more than males, because their habits and their position in the world expose or leave them in this condition more than men. They are, therefore, more liable to become insane from this cause than males.

This inference, which seems to be naturally drawn from the comparative condition and habits of the two sexes, and

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† Masturbation is in the American, but not in the British, reports. It is probably included there in the class above,—vice and sensuality.

‡ It would have been much more satisfactory to have separated these classes of causes from this connection, and put it with the class below; and then made one class of all sorts of accidents to which males are more exposed than females. But, unfortunately for this purpose, the reports of some hospitals connect them together in this manner, and render it impossible to separate them.

§ Hereditary is not stated, as a distinct and sole cause, in the American reports, except in those from Tennessee, which include 5 of each sex.



from their relative liability to low health, is rendered somewhat certain by these Hospital reports, which show that while 1,949 females, only 1,718 males, were admitted into these lunatic establishments with disorders supposed to be produced by this class of causes.

The affections and tender sensibilities are more active in woman than in man. She finds more of her happiness in them. She cultivates them with greater success. She is more easily wounded through them, and suffers with a keener anguish when they are neglected or abused, or when the expectations founded upon them are disappointed. Thus, disappointed love, sickness or death or absence of friends or kindred, abuse from married partners, misconduct of near or dear relatives, which produce no small proportion of the cases of lunacy, act more frequently upon females than upon males. The reports show that 1,856 women and 1,017 men became insane from this class of causes.

Intemperance is a very prolific source of insanity. It is plain, that very many more men than women are addicted to this vice, and by a necessary consequence, it produces more lunacy among males than among females. This is shown by the experience of Hospitals, which report 2,090 male and 606 female lunatics, from this cause.

Poverty, destitution, its reality or its fear, anxiety about business, the hopes and disappointments in regard to property, are also prolific sources of mental derangement. But they affect the sexes unequally, for the reason that men are more bent on the acquisition of wealth. They make this the business of their lives, and devote to it their minds and their hearts much more than women; they are more engaged in those pursuits which have an uncertain issue; they have more plans to fail, and hence they are more exposed to disappointments, and misfortunes connected with business, speculation, and money, and they suffer more when these

troubles come upon them. Their minds are therefore more frequently disturbed from these causes than the minds of females. This, which is inferred from *a priori* reasoning, is demonstrated by the records of the Asylums, which show that 1,396 males and 884 females were made insane from this whole class of causes.

It is a common opinion that females are more devoted to religion than males. This is not the place to discuss this question. It may or it may not be true. But it is also generally believed that women are more subject to religious excitements and enthusiasm,—that they are oftener fanatical and extravagant. It is, consequently, supposed that more women than men must become insane from this cause. But the experience of Asylums refutes all such opinions, and shows that while 785 males, whose insanity was chargeable to this cause, were admitted, 782 females were received whose disorder had the same origin, making, at least, nearly an equal distribution of this class of causes. But if we compare these numbers respectively, with the proportion of the two sexes who usually attend upon, and engage earnestly in, religious exercises, there will be a manifest difference in the liability of the two sexes to insanity from religion, and that in favor of the female.

Excess of study, excessive devotion to various interests and pursuits, and anxiety about political or other success, are more common among men than among women. Men are more devoted to books, and investigations, and theories. They are more ungoverned in their ambition and eagerness to accomplish their purposes of gaining knowledge or for the advancement of science. Hence we should look for more male than female lunacy from this class of causes, and the Hospital records show, that 451 males and only 153 females were thus made insane.

Fright is an important element among the causes of men.

tal derangement. Women are more timid than men; they are less acquainted with the realities of the outer world, and less used to exposures and dangers; they are more ready to imagine evil when none or little exists or is threatened. Consequently they are more frequently alarmed by imaginary danger, and more overwhelmed by real danger. It is therefore reasonable to suppose that they would become more often insane from this cause than men, and the reports state that 261 females and 167 males were made insane by fright.

The British and Irish Hospital reports show a large number of insane from vice and sensuality,—467 men and 320 women, which is a probable index of the proportionate prevalence of vice and sensuality in the two sexes.

The American Hospital reports do not state vice and sensuality as a cause, but they show 248 males and 17 females insane from masturbation, which is not mentioned in the British and Irish reports, but is probably included under the last head. This difference we might naturally infer from the difference of passion and appetite, of sensibility and of self-control in the two sexes.

Injuries of the head, and accidents of all sorts, happen to men much more frequently than to women, on account of their difference of position, and the different nature of their employments and tastes. Of course, these causes must make more males than females insane, and hence we find 381 males and 112 females reported as lunatic from this class of causes.

A class of physical causes is given in the British and Irish reports, including palsy, epilepsy, &c. I know of no reason in the nature of the sexes to suppose that one or the other would be more liable to insanity from these causes; nevertheless the British and Irish records show, that, while 1,012 men; only 745 women were made insane from them.

Hereditary taint is given as a sole and exciting cause of many cases of lunacy in the British and Irish reports.

The Tennessee Hospital only, in America, reports this as a sole cause, and this gives only five males and five females whose lunacy is from hereditary origin alone. The Americans are accustomed to consider the hereditary taint as merely a predisposing cause, which is, in itself, dormant, and only prepares the ground for some new and exciting cause, which determines the insanity. Certainly but a small proportion of those who are born of insane parentage or ancestry, and therefore inherit the tainted constitution, become insane. The most remarkable family which I have been able to investigate has had insanity in some of its members for four generations. I have learned the history of 69 members of this family. Of these, fifteen are or have been insane, one idiotic, two epileptic, three had delirium tremens, three died of brain fever, one is subject to depression of spirits and unable to attend to business a part of the time, one is subject to frequent and violent headaches, one has nervous trembling amounting almost to constant chorea, and one has low spirits. All the rest, including children, so far as I can learn, are sound. But all these cases are so distinctly referable to some new and exciting cause, that the family deny, that there is any hereditary taint in their blood.

The history of other insane families will probably show a still smaller proportion of lunatics among them.

The fair inference then is, that the Americans are right in supposing that this hereditary taint is only a predisposing cause, and remains generally, and perhaps almost universally inactive, or certainly ineffectual, until some other cause shall excite the cerebral disturbance. Of course, this cerebral disorder is more easily produced, and by a smaller cause, in those who are thus predisposed, than in other fa-

milies, whose brains are more able to endure or resist the causes of disease.

If this be true, and if the causes, or classes of causes, to which the two sexes are respectively exposed, act with equal force on the brain which is hereditarily weak, whether it be of the male or the female, then we might suppose that the numbers of the hereditarily insane in the two sexes, would be in the same proportion to each other as the numbers of those who are insane without this predisposing cause.

There were received into the British and Irish Asylums during the periods herein quoted, 44,717 male and 43,091 female lunatics from all causes; this is in the proportion of 1,870 males to 1,805 females. But the numbers stated to be hereditarily insane are 1,754 males, and 1,810 females. This shows a greater proportion of hereditary insanity among women than among men, who were sent to the Institutions in Great Britain.

Whether this is an indication, that the hereditary taint descends more to females than to males, or that this taint being equally distributed, the causes that produce insanity among women act with more efficiency on the brains naturally weak than the causes that produce insanity among men, we have no means of determining.

We have no reason to suppose that the brain of either sex is more or less able to bear any definite amount of irritating cause than the other. It is true, that there are more males than females made lunatic by intemperance, or vice and sensuality. But the explanation is, not that alcoholic stimulation, or sensual indulgence, has more effect on the brain of the male than on the brain of the female, but, that more males than females subject themselves to the influence of these causes, being more frequently intemperate and dissipated.



Masturbation, excess of study, excessive mental action in business and in politics, disappointments in speculation and in ambition, accidents, injuries of the head, &c., create more lunacy among men than among women,—not because women can bear these disturbing causes better than men, but simply because they are less exposed to them.

On the contrary, grief, disappointed affection, domestic trouble, fright, &c., produce more insanity in the female than in the male sex. It must not be inferred from these facts, that the brain of men can bear more grief, disappointment in love, domestic trouble, or fright than women, but merely, that these causes come less frequently upon them.

It may be that from something in the very nature of the sexes distinctively, the male hopes for more, and cares for more of that which he cannot always obtain, in regard to property or outward distinction, and is, therefore, more readily overwhelmed when these fail; and that the female expects more, and sets her heart upon more of that which cannot always be obtained, in regard to the affections and domestic and social enjoyments, and is, therefore, more readily cast down when these fail.

But the true reason for the greater number of male than of female lunatics from the first and second of these classes of causes, and of the greater number of female than of male lunatics from the third of these classes of causes, is similar to the reason for the greater number of males than of females who are killed by cannon and musket shot;—not because a cannon or a musket ball is more destructive to a man than to a woman, but merely because more men than women go into battle.

To the question, whether males or females are more liable to insanity, no answer can be given from the cerebral organization or functions, nor from inherited weakness.

The consideration of the causes alone can solve the question, and from these a divided answer must be given.

In as far as men, from their habits, their position, and their exposures, are more frequently intemperate; in as far as they have more of the sexual passion, and less delicacy of sensibility, and, therefore, are more given to masturbation and sensuality; in as far as they are more involved in business, and more interested in property, in politics, in schemes of aggrandizement, and in pursuit of knowledge, and are, therefore, more frequently bankrupt, or disappointed, or over-wrought with labor and anxiety; in as far as they are more employed with machinery, and with powder, or more frequently travel and go over dangerous places, or are involved in strifes and bodily quarrels, and, therefore, meet with more accidents, falls, blows on the head, &c., than women;—in as far as men are more exposed to these exciting causes of insanity, there are more male than female lunatics.

But, in as far as females have more sensibility, and stronger affections, and more active sympathies, and, therefore, suffer more intensely from grief, and loss or sickness of friends, and more from a cause almost peculiar to themselves, in the want of domestic sympathy, and in the ill-treatment of intemperate or unkind husbands or children or other kindred; in as far as females are more sedentary, and are, therefore, more frequently dyspeptic, or suffer secondary irritations from the sympathy with the reproductive system, and have, therefore, more ill-health, and inasmuch as they are more timid, and are, therefore, more exposed to fright;—in as far as these causes operate more upon women than upon men, females are more liable to insanity than males.

The general class of physical causes, including epilepsy, palsy, insolation, and often, catamenial disturbance, in the British Reports, produced a large excess of male lunacy.

In as far as this class of causes operates in Great Britain, notwithstanding some Hospital reports include uterine and mammary causes in it, men seem there to be more liable to lunacy than females.

The question resolves itself into another, that is,—which of these causes, or classes of causes, prevails the most frequently and extensively? And to this the answer must vary with various countries, and in different ages, and different states of society.

But the general answer now to be given, from the facts which present themselves from Great Britain, Ireland, France, Belgium, and America, is, that those causes of insanity which act upon males are more extensive and effective than those which act upon females, and therefore, within the periods covered by the reports which I have analyzed, and in those countries from which these reports come, males are somewhat more liable to insanity than females. But this must vary with different nations, different periods of the world, and different habits of the people.

Thus the recent investigations corroborate the general truth of what Esquirol said, twenty years ago. "The relation of insanity to the sexes varies from north to south, from nation to nation, from province to province. In Scotland, the sexes have equal proportions of lunacy. In England, there are less female than male lunatics. In the north of France, the female lunatics, and in the south of France, the male lunatics, predominate. In Naples, there are two female to one male lunatic; but in Milan, this proportion is reversed." \*

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\* *Annales d' Hygiene*, iv, p. 351, 2.

## II. THE COMPARATIVE CURABILITY OF MALE AND FEMALE LUNATICS.

In this branch of the topic, whether insanity is the most curable in the male or in the female, we have no data to presuppose the facts. We know of no way by which we can determine, in the advance, whether the male or the female will recover most easily from lunacy.

Yet we have the record of the experience of the Asylums before quoted, from which the facts in the following table are taken.

TABLE VI.  
*Admissions and Recoveries in Hospitals.*

No. Hospitals.	Patients admitted. *		Recovered.		Recov. per cent.	
	Males.	Fem.	Males.	Fem.	Males.	Fem.
148 English,	36,013	35,161	13,955	14,976	38.7	42.5
6 Scottish,	2,505	2,173	1,207	1,084	48.1	49.9
12 Irish,	6,213	5,752	3,311	3,351	53.2	58.2
6 French and Belgian,	1,719	1,430	710	647	41.3	45.2
17 American,	11,344	9,430	4,494	3,646	39.6	38.6
189 Hospitals,	57,794	53,946	23,677	23,704	40.6	43.9

These numbers of admissions and cures are those of the same years in regard to each Hospital. Of course, all the persons cured are not precisely those here stated to be admitted. Some were admitted into some of the Hospitals, before the reports, from which these facts are taken, began; and the cures include some of these. On the other hand, the statements of admissions include some that were yet curable, though not cured at the date of the last report. Nevertheless, the columns of admissions and cures are both for the same years in regard to each sex; and whatever error there may be in respect to

\* The numbers admitted according to this Table are not exactly the same as stated in Table IV on page 147. The reports of some Hospitals state the admissions, but not the recoveries, according to sexes, and the Vermont Asylum states the sexes of the patients admitted, but not of those discharged.

one, holds equally for the other; and it is reasonable to suppose, that the cures or curability of the sexes admitted into these Hospitals, bear the same proportion to each other as these figures represent.

We see, that in the Asylums of most of the countries here quoted, the proportion of cures to the admissions, and the probable curability, is greater among females than among males, and in the English and Irish Asylums this proportion is materially larger, being an excess of 9 per cent. In France, Belgium, and Scotland, the difference is less, but still in favor of the females.

This difference will justify no very bold conclusion in regard to the curability of the sexes, but whatever inference can be drawn is in favor of women. Yet in the United States the preponderance is slightly in favor of the males.

Some inference may be drawn from the final results of special causes. Unfortunately very few have published the remote results of the causes of this disorder. The reports of the State Hospitals of Massachusetts, and of Ohio only, have noticed this fact. But taking these few data alone, we have the facts and deductions in the following Table.

TABLE VII.

*Relation of Causes of Insanity to Recovery.*

Causes.	Cases admitted.			Cures.	
	Worcester, 1823 to 1843.	Ohio, 1829 to 1842.	Total.	No.	Per cent. of admissions.
Ill-health, fever, measles, } puerperal, wounds, &c., }	443	392	835	588	70
Intemperance,	287	56	343	198	57
Masturbation,	158	44	202	60	29
Epilepsy,	56	52	108	12	11
Palsy,	44	..	44	7	15
Religious,	196	75	271	197	72
Affliction, disappointments, fear, &c.,	397	196	593	318	53
Property, poverty, &c.,	129	53	182	106	58



We see, from this Table, that some of the causes, as ill-health, &c., which act more on women than on men, produce a most curable form of insanity. Under this head is puerperal mania, which is among the least permanent kinds of this disorder. And on the other hand, masturbation and epilepsy, which produce the most incurable disorder, act much more frequently on men than on women.

It may reasonably be supposed, that that derangement of the brain, which is produced and kept up by the irritation from, or sympathy with, a cause acting in another and remote organ, would be more readily cured by the removal of the active cause, than that cerebral derangement which is produced by some disorganization or exhaustion of the organ itself. If so, then the mental disorders arising out of ill-health, or disturbances of remote viscera, are more curable than those which arise out of masturbation and epilepsy, or even intemperance.

The mental disorders that grow out of afflictions, domestic troubles and disappointments, which are among the leading causes of female lunacy, seem to be somewhat more curable than those that are produced by causes connected with property, business, and poverty, which are prominent among the causes of insanity among men.

### III. MORTALITY OF MALE AND FEMALE LUNATICS.

The question of the comparative mortality of male and female lunatics, must be treated and determined in the same way as the others,—by the results of experience. We have no satisfactory record of the connection of the causes of lunacy with mortality. Yet it is manifest, that in whatever class there is the largest proportion of recoveries there must be the smallest proportion of deaths.

Therefore, if there are more females than males restored out of a definite number of lunatics of each sex, there must be a smaller number of deaths of females. This is as plain as arithmetic can make it; because those who are not restored are left to die in their lunacy; and the larger the number of the uncured, the larger must be the number of deaths.

Moreover, if more of one than of the other sex are made insane by removable causes which produce curable disease, as far as these causes operate, that sex is less exposed to death in lunacy. Of course, there must be fewer deaths among the lunatics who are made so by general ill-health, than among those whose disease is produced by epilepsy or masturbation.

These deductions from causes and recoveries are substantiated by experience. Going again to the analysis of Hospital records we find the following facts:—

TABLE VIII.

*Mortality of Male and Female Lunatics.*

Hospitals.	Patients admitted.*		Deaths.		Ratio to admission.	
	Males.	Fem.	Males.	Fem.	Males.	Fem.
English,	36,199	35,331	3,428	5,441	23	12
Scottish,	2,505	2,173	418	252	16	11
Irish,	6,213	5,752	1,213	990	19	17
French and Belgian,	1,719	1,477	634	360	39	26
American,	11,344	9,430	1,618	1,104	14	11
Total,	57,980	54,163	12,311	8,147	21	15

This Table corroborates the inference which might be naturally drawn from the statements and arguments in the two preceding branches of this subject,—that females are less liable to death than males while insane.

\* See note to Table VI page 164.

IV. MORTALITY OF MALES AND FEMALES FROM ALL DISEASES  
OF THE BRAIN AND NERVOUS SYSTEM.

The inferences drawn in each of the preceding parts of this report,—that males are somewhat more frequently attacked with insanity,—that they are less curable when insane,—and that they are more liable to death in their lunacy than females,—finds an indirect corroboration in the records of general mortality.

I have analyzed the Registration Reports of Deaths, for various years, of England and Wales, of Massachusetts, of the State of New York, the city of New York and of Philadelphia.\* These in all years publish the causes of deaths, but they do not always distinguish the sexes. But these mortuary registers, in those years in which they specify both the diseases and the sexes, report the deaths of 2,169,875 persons, including 1,103,198 males and 1,066,677 females; of whom 326,072 died of diseases of the brain and the nervous system. It might be supposed, that these cerebral and nervous diseases would be distributed equally between the sexes, or at least in due proportion to the whole number of deaths, or to the numbers of the living in each sex. But so far from this, 178,255 males, and only 147,817 females, died of neurotic disorders. Comparing these with the total deaths from all causes, we see that 16.15 per cent. of male deaths, and only 13.85 per cent. of female deaths, were produced by this class of diseases.

The following facts were condensed from the reports

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\* Reports of the Registrar General, for five years and a half,—1837 to 1842.—Registration of Births, Marriages, and Deaths, of Massachusetts, for four years,—1845 to 1848.—Do. of the State of New York, for two years,—1847 and 1848.—Inspector's Returns of the city of New York, for ten years,—1838 to 1848, except 1843.—Bills of Mortality of Philadelphia, for twelve years,—1835 to 1846.

above-mentioned, from countries, states, and cities, containing 9,396,835 males, and 9,174,107 females.

TABLE IX.

*Mortality of Males and Females from Diseases of the Brain and Nervous System.*

Diseases of the brain and nervous system.	Deaths.		Ratio in each sex.		Ratio in each sex.	
	Males.	Fem.	To 10,000 deaths.	Fem.	To 1,000,000 living.	living.
Insanity,	1,371	1,277	12.4	11.9	145	120
Epilepsy,	4,097	3,481	37	32	425	357
Apoplexy, compression, congestion,	19,927	17,979	180	168.5	2,120	1,844
Palsy,	15,807	17,134	143	160.5	1,692	1,757
Inflammation, brain and nervous fevers,	10,651	8,754	96	82	1,133	898
Convulsions,	86,433	68,905	783	645.9	9,198	7,068
Hydrocephalus,	30,396	24,444	275	229	3,234	2,507
Chorea,	64	142	.5	1.3	.6	1.4
Delirium tremens,	2,593	398	23	3.7	275	48
Tetanus,	744	223	6	2	79	22
Hydrophobia,	68	27	.6	.1	7	2
Diseases of the brain and head,	6,104	5,053	55	47	649	518
All diseases of brain and nerves,	178,255	147,817	1,615	1,385	1,893.9	1,529.4

Some of these diseases are almost exclusively those of childhood, and others of manhood. It is well, therefore, to compare these deaths with the number of the living in those periods of life at which these diseases are most usually fatal.

TABLE X.

*Ratio of Mortality of Males and Females to living of each sex.*

Diseases.	Numbers exposed.	Period of life.	Deaths.	
			Males.	Fem.
Apoplexy,	in 1,000,000 living,	over 30	6,005	5,173
Palsy,	" " "	"	4,763	4,930
Convulsions,	" " "	under 10	35,179	27,987
Hydrocephalus,	" " "	"	12,369	9,927

It would naturally be supposed, that more males than females would die of delirium tremens, hydrophobia, and

tetanus, on account of their habits, and exposures to accidents and rabid animals.

Perhaps a part, at least, of the excess of male deaths over the female deaths from apoplexy and congestion of the brain may be attributed to the more active cerebral action, and the accidents of men.

The excess of deaths of females from palsy over those of males must be, in part, ascribed to the excess of female population in the advanced ages at which this disease generally occurs.

But the excess of 22 per cent. of deaths from convulsions, and 24 per cent. from hydrocephalus, of males over the deaths of females from the same causes, is not what we were prepared to expect, nor can I find any explanation of the causes of these last differences.

It is not a little remarkable, that in these registries every one of the diseases of the brain and nervous system, all of those which come under the class of neuroses in the nosologies, except palsy and chorea, were more fatal to men than to women, when compared with the whole number of deaths, and with the numbers of living of each sex. And therefore this registration of general mortality, as far as it goes, shows that the female is much less liable to death, from nervous disorders at least, than the male.

We have no means of judging of the curability of these nervous disorders in the two sexes. Not knowing the number of persons attacked with them, we cannot compare the successful with the fatal issue, and thus ascertain the relative violence of the diseases upon the two sexes, when they come upon them.

Nevertheless, there is an agreement between this record of mortality from all disorders of the brain and nerves, and the record of the experience of Hospitals for the Insane. They combine together to overthrow the



common notion that woman especially is subject to nervous disorders, and that man is comparatively exempt from them; and more than this, they show that the reverse is true,—that man is more exposed to, is less frequently cured of, and falls more under the attacks of this class of diseases than woman.

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#### ARTICLE IV.

1. TWENTY-NINTH ANNUAL REPORT OF THE BLOOMINGDALE ASYLUM FOR THE INSANE, *being for the year 1849.* By C. H. NICHOLS, M. D., Physician to the Asylum. 8vo. New York : 1850.
2. FIRST ANNUAL REPORT OF THE GOVERNORS OF THE ALMS HOUSE, *New York, for the year 1849.* 8vo. New York : 1850.
3. FIRST ANNUAL REPORT OF THE COMMISSIONERS AND MEDICAL SUPERINTENDENT OF THE HOSPITAL FOR THE INSANE, *to the General Assembly of the State of Indiana.* 8vo. Indianapolis : 1849.
4. REPORT OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE, *presented their Annual Meeting, Jan. 23, 1850.* 8vo. Providence : 1850.
5. THIRTEENTH ANNUAL REPORT OF THE TRUSTEES AND SUPERINTENDENT OF THE VERMONT ASYLUM FOR THE INSANE, *September, 1849.* 8vo. Montpelier.
6. TWENTY-SECOND ANNUAL REPORT OF THE PRESIDENT AND DIRECTORS OF THE WESTERN ASYLUM *to the Legislature of Virginia, with the Report of the Superintendent and Physician, 1849.* 8vo. Richmond : 1850.

7. ELEVENTH ANNUAL REPORT OF THE DIRECTORS AND SUPERINTENDENT OF THE OHIO LUNATIC ASYLUM to the General Assembly of Ohio, for 1849. 8vo. Columbus: 1850.
8. SEVENTEENTH ANNUAL REPORT OF THE TRUSTEES OF THE STATE LUNATIC HOSPITAL at Worcester, Dec., 1849. 8vo. Boston: 1850.
9. ANNUAL REPORT OF THE OFFICERS OF THE NEW JERSEY STATE LUNATIC ASYLUM at Trenton, for 1849. 8vo. Trenton: 1850.
10. REPORT OF THE TRUSTEES, STEWARD, TREASURER, AND SUPERINTENDENT OF THE INSANE HOSPITAL. 8vo. Augusta: 1850.
11. SEVENTH ANNUAL REPORT OF THE MANAGERS OF THE STATE LUNATIC ASYLUM (Utica,) made to the Legislature, Feb. 4, 1850. 8vo. Albany: 1850.

1. The returns for the year 1849 are made up by Dr. Nichols with conscientious accuracy and discrimination.

Thus he takes care to mention that there have been six re-admissions of cases which had either remained at the end of the year 1848, or been subsequently admitted. He also states, that there were ten cases of insanity from intemperance amongst the whole number. "The year therefore commenced with 117 persons whose disease was insanity proper, and 81 other persons with the same disease have been received since, making 198 insane persons who have enjoyed the benefits of the asylum."

Of the whole number (214,) 44 are reported as recovered; 33 as improved; 13 discharged unimproved; 20 dead, and 103 remaining in the asylum at the end of the year.

In consequence of the establishment of an asylum by the State of New Jersey, the number of patients formerly

received from that State, has been greatly diminished. Only three have come during the year from New Jersey.

Dr. Nichols offers some striking remarks on the necessity of dividing the insane into families, corresponding as far as possible to their former condition in society—but above all, to their respective habits and sensibilities. “If it is impossible for sane people of widely different tastes and means to associate agreeably together, no one need be surprised at the wounded pride and bitter envy which patients from the two extremes respectively experience when brought together in close proximity in an asylum for the insane.” And again “a thorough classification in view of the most effective moral treatment, cannot, I think, be made, except in the absence of the necessity of considering, or temptation to consider, the social position or wealth of those under care.”

The premature removal of patients, who are only *improved*, not *cured*, and which we are very sorry to observe, is becoming quite too common, is dwelt upon by Dr. Nichols. We select the following observations :

“The other principal cause of the many premature removals we have had to lament, is still more disheartening, for it appears to me to be one of the serious exhibitions of that blind, but well meant, habit of present indulgence which has neither the far-sight to devise, nor the resolution to execute, such a comprehensive system of denial and discipline, as will secure to the individual the greatest amount of happiness and usefulness through life, and most effectually fortify him against its sure vicissitudes and trials. One cause often seems to give rise to the disease, then to submit it to treatment too late, and, lastly, to remove it too soon. A kind-hearted father, for instance, indulges his son in follies, which, through many progressive steps, perhaps, lead to insanity, and the unfortunate young man is placed in our charge. In the course of a few weeks or months, he attains such a degree of calmness and reason, that when his attention is attracted by something unusual, or a strong motive is presented to him, he can, for a short time, exercise decent self-control, and at this stage of his recovery his parent visits him, and is surprised to find him so well. During this short interview his conversation is coherent, and betrays no delusions, and there is nothing outrageous in his conduct. The son asks to go home, and earnestly pleads discontentment, confinement and many privations; he has never been denied a request in his life, and why should he now, especially when he is sick, and has unusual claims upon the sympathy of his natural protectors. If he is not entirely well now, the most difficult part of his treatment has surely been accomplished; and, certainly, a person appearing so well, can be managed, and the residue of his recovery effected by his friends at home.

He is accordingly taken from us, just as we are about to realize the fruits of much severe and anxious labor. He rarely does fully recover, but, with his undisciplined thoughts and passions less under control than before, goes through life without real happiness, or usefulness, or honor. More probably he relapses; and if returned, we are obliged to go over the same tedious and difficult course again, and deem ourselves but too happy if we at last attain the end for which we have had a double race.

"In other cases, people seem to commit their friends to our care, merely as an empirical experiment; and where there is not an enlightened faith, there is impatience and easy discouragement. If the patient is not well at the end of a few weeks or months, a fresh experiment must be tried, and so on till the friends so called, or their victim, are exhausted."

No case of cholera occurred during the year, and but few of dysentery, although the latter prevailed in the neighborhood.

"Taking all the individuals who have been inmates of the Asylum some portion of the past year into review, one had been laboring under mental derangement more than fifty years; six, more than forty years; five, more than thirty years; nineteen, more than twenty years; twenty-three, more than ten years; twenty, more than five years; twelve, more than four years; nine, more than three years; fifteen, more than two years; twenty-one, more than one year; twenty, more than six months; and forty-seven, less than six months; and of the latter sixty-seven cases, there were fourteen second attacks, eight third, three fourth, one seventh, and one ninth attack; leaving forty cases, or 20.2.10 per cent. of the whole, occurring for the first time, and not of more than one year's continuance.

"Now the preceding statements and remarks are sufficient to make it understood, that, taking the curability of insanity upon the circumstance of duration alone, there have been in the Asylum, during the year, one hundred and thirty-one chronic or incurable cases, and sixty-seven cases supposed to be recent or to justify expectations of recovery.

"I have thus indulged a little in this path of inquiry, in order that the public—which, without explanation, would naturally look for cures in proportion to the number of persons under care—may not expect too much of us in the way of recoveries; that we may not be expected to cure what is incurable; and in order to introduce a few words upon the proper functions of an Asylum for the insane.

"An Asylum, I take it, is for the sufferer who resorts to it, a place of retreat and security from the world, that, notwithstanding partial exceptions, is in its pursuits, its enjoyments and its hopes, rude and unsympathizing towards the afflicted; and though Asylums for the insane are obliged from the character of the subjects they befriend, to exercise custodial powers, they should be regarded as in direct and extreme contrast to prisons, in which individuals are, penally confined for the protection of society. On the other hand, many insane persons are always dangerous to others, while at large: in harmless cases so capricious are their impulses, and sudden the change at times in the form of their malady, that the presence of a maniac, no matter how partial the disease, is scarcely ever without danger.

"While then the most humane and efficiently restorative treatment of those who may be expected to recover from the loss of reason, must be considered as the first and highest office of an institution of this kind, that it furnishes a safe and comfortable retreat for the hopelessly afflicted, is scarcely less gladdening to the heart of the philanthropist. In almost every case of incurable as well as curable mental derangement, the welfare of the individual requires some abridgment of personal liberty; but when this is attempted by the sufferer's friends at home, the undertaking is almost always attended with the most

painful difficulty on their part, and with great offence to him who fancies himself the victim of the most cruel oppression, and in consequence, experiences an aggravation of his malady and of his misery. Under the constant but gentle pressure of the mild discipline exercised by kind and experienced officers and attendants, in the classification, in the architectural arrangements, and in the appropriate amusements and exercises of a well conducted Asylum are alone to be found the combination of circumstances which, while they are most conducive to the restoration of the curable, are best calculated to smooth the path of those, the balance of whose way to the tomb lies in darkness and in tears. As long as death is not always nor most commonly the alternative to recovery in insanity, institutions for the protection and comfort, as well as the cure of the insane, will continue to have a large number of incurables in their custody; but to those who look most ardently for the happiest event of Asylum treatment, the presence of a considerable proportion of the less fortunate class of inmates should not be objectionable. To most of the quiet, long domiciled patients in an Asylum, its discipline has become an agreeable habit, and as new patients naturally imitate the ways of old ones, to the latter class are we often not a little indebted for materially promoting an acquiescence on the part of new comers to such measures as are designed for their good.

"Again, in our religious exercises, in all our amusements, in the most effective plans of moral treatment—those in which our inmates themselves take an active share—our protracted residents are our main dependence, and in this respect they do their friends an incalculable good.

"It would appear then that the custodial is as legitimate as the curative function of an asylum, and but one degree less benevolent."

As the present is Dr. Nichols' first annual Report we have given more copious extracts from it than we would otherwise have done. And we have risen from the examination with a high opinion of his frankness, good sense, and ability. We doubt not, if he be allowed the just influence which he deserves, with the administrative powers of the Asylum, the reproach sometimes thrown upon the Bloomingdale Institution as being "behind the age" in improvements, will be speedily withdrawn.

2. The Governors of the NEW YORK ALMS HOUSE have a mighty charge under their care. In glancing over the pamphlet before us, numbering upwards of 200 pages, and ornamented with several engravings, we find that to them are committed the safe-keeping and direction of the City Prisons, three in number; the Bellevue Hospital; the Penitentiary; the Alms-House and the Lunatic Asylum on Blackwell's Island; the Nurseries on Randall's Island; and the Work House, now established at Blackwell's Island, with the department of the Out Door Poor.

How well they have discharged their duties may be in some measure learnt from the present report, and still more from the approbation of their fellow-citizens in New York.



We must, however, confine ourselves to a notice of the report of Dr. M. H. Ranney, resident physician, on the condition of the Lunatic Asylum, Blackwell's Island, for the year 1849.

There were remaining, Jan. 1, 1849,	437
Admitted during 1849,	459
	<hr/>
	896

Of these there were

Discharged,	283	
Died,	212	
Remaining Jan. 1, 1850,	401	896

The great mortality was owing to the occurrence of cholera, of which and its allied diseases, no less than 138 perished. "There were 497 patients in the Asylum, and 80 Penitentiary help, when the cholera first made its appearance, making a total of 577 inmates. Of this number 148 were attacked; of which, 91 died, and 57 recovered."

It is not surprising, if the previous condition of patients admitted to this institution be considered, that cholera should supervene, when it was prevalent in adjoining places, and particularly under unhealthy states of the atmosphere. Dr. Ranney gives us cheering accounts of the progressive improvements induced by proper classification and judicious treatment. The visiting physicians (Drs. A. V. Williams and Benjamin Ogden) corroborate this statement, and mention that with the exception of the deaths from that disease, the mortality was less than in the previous year.

Still, the situation of Dr. Ranney is among the most trying of any of his class. The greater part of his patients is made up of the degraded, or intemperate, or of the homeless emigrant; and it is, indeed, worthy of all commendation, if under such unpromising circumstances, the per centage of recoveries, (as we are assured by the visiting physicians) compare favorably with other Asylums.

3. INDIANA INSANE HOSPITAL.—The present is the first annual report. The medical officers are R. J. Patter-

son, M. D., superintendent, and J. Nutt, M. D., assistant physician.

The number of patients admitted from Dec. 1, 1848 to Oct. 31, 1849, was, (53 males, 51 females,) 104.

Of which were discharged,

Recovered,	20
Improved,	4
Died,	4
	<hr/>
	28

Remaining, 74

There were 74 chronic cases, and 30 recent cases, admitted, and again 3 chronic cases, and 17 recent cases, were discharged cured.

Of the deaths, two were from consumption, and one from apoplexy, and the fourth from injuries by frost bite previous to his admission, which required amputation, and under the conjoined effects of which he sunk.

Many of the chronic cases are unpromising, having been "removed from county jails and other receptacles of various kinds, where they had been confined, not for any crime, but from necessity, for safe keeping."

The causes assigned, so far as they could be ascertained are the usual ones given in the statistics of Insane Hospitals,—intemperance,—ill treatment,—religious excitement,—domestic afflictions, &c.

Of those admitted, sixty were married, and forty-four single. Again of the one hundred and four cases, twenty-five are known to have insane relatives.

The treatment employed by Dr. Patterson has been of the eclectic description now so generally used. Bleeding and drastic purgatives are injurious. Laxatives are useful, as are also narcotics and tonics.

We subjoin his remarks as to *Visitors*.

"Within the last eleven months, more than five thousand visitors have been permitted to visit the wards of this Institution. On some public occasions, more than one hundred have called on the same day. We have not desired to refuse any, though we have felt it a duty to do so, on some occasions, when there has been more excitement in the house than is usual, and when a large number have called at the same time. A few have also been refused, when they have called at an improper hour.

"Admitting visitors to the wards occupied by patients, rarely, if ever, does the insane good, but is liable to do them harm. Some persons, I regret to say,

visit the Hospital for the apparent purpose of gratifying a morbid curiosity—to see how a crazy man looks and hear how he talks. It has ever been revolting to our feelings, and contrary to our sense of duty and propriety, to make an exhibition of our patients.

"There are other persons who have visited the Hospital for the purpose of ascertaining the nature of the accommodations for the insane, and because they feel an interest in their welfare. Such persons, we have always been happy to see, and shall henceforth, esteem it a pleasure and a privilege to wait upon them, and give them all the information in our power."

**4. BUTLER HOSPITAL FOR THE INSANE.**—This Institution, situated at Providence, (Rhode Island,) owes its existence to the liberality of Nicholas Brown and Cyrus Butler, the first of whom gave thirty thousand dollars, and the last forty thousand. To these, Alexander Duncan has added the sum of twenty thousand dollars.

Dr. Isaac Ray, the superintendent and physician, reports that there remained at the end of the previous year,

	Males.	Fem.	Total.
Admitted during 1849,	56	44	100
	42	51	93
	98	95	193
Discharged,	47	39	86
Remaining Dec. 31, 1849,	51	56	107
	98	95	193
Of the discharged there were,—			
Recovered,	24	11	35
Improved,	10	14	24
Unimproved,	2	5	7
Died,	11	9	20
	47	39	86

The causes of death were as follows:—

Dysentery,	4	Epilepsy,	1
Disease of the heart,	1	Large abscess,	1
Intestinal perforation,	1	Pulmonary disease,	1
Acute mania,	4	Chronic mania,	7
			20

We have generally found the annual reports of Dr. Ray to be highly interesting, and containing many mat-

ters that should be spread throughout the length and breadth of the reading community. The importance of committing the insane to the guardianship of Hospitals intended for them, has seldom been more strikingly illustrated than in the following extracts.

"When the disease is of such a character as to deprive its unfortunate victim of all self-control, and a regard for his own safety, as well as a sense of propriety, require his seclusion, no place is so poorly fitted for the purpose, as the home of his healthy and happier days. For want of those architectural arrangements that are impossible in an ordinary dwelling, he is necessarily deprived of freedom, purity of air, and intercourse with his fellow-men, to such a degree that, unless blessed with a constitution remarkably vigorous, he rapidly sinks into a state of physical and moral degradation, painful to behold, and, if his sensibilities are not entirely blunted, still more painful to bear. The superior comfort enjoyed by such a person in a well-ordered Hospital is so generally admitted, that it needs no comment from us, but the relief his removal brings to the domestic circle in which his presence has been the source of infinite anxiety, disorder and annoyance, is an inestimable benefit, though scarcely recognized beyond the little circle itself. Neither does the evil consist exclusively of a deprivation of ordinary comfort, or an increase of domestic care, great as they unquestionably are. The effect produced by this intimate association of the sane with the insane, is physically and morally prejudicial to the former. Nervous females become anxious, excited, and brought to the very verge of the same disease with which they are habitually in contact; but, worse than that, the sensibilities of the young, and it may be, of the old, are blunted and perverted by daily exhibitions, the real nature of which they cannot understand, and all not endowed with remarkable patience and equanimity, are too often inclined to feel as if the once loved and cherished object had become the conscious and voluntary author of mischief and annoyance.

"In a recent report concerning the condition of the insane in Ireland, it is stated that when a case occurs among the peasantry, requiring confinement, a hole is dug in the earth which makes the floor of their cabin, large enough to admit the body of the patient, with an opening at the top to allow the head to come up, and into this hole the wretched creature is thrust in many cases, no doubt, never to come out alive. This is a deplorable, a shocking spectacle, and to some, no general conceptions can convey such a lively impression of that mass of wretchedness which rests upon a whole people, as this single detail. I believe, however, it is not materially different from what may be witnessed not unfrequently, even among ourselves. The main features, the restraint, the neglect, the annoyance, the brutalization, are certainly the same. In one respect, no doubt, there is a difference. The former is the result of a necessity that no possible effort can avoid; the latter too often springs from a heartless parsimony that grudges the requisite expenditure. This is so well illustrated by a case given by Dr. Butler, the superintendent of the Hartford Retreat, in his last report, that I quote it, not so much because it presents any remarkably novel or extraordinary features, for it has been too often paralleled to possess that quality, as for the purpose of supporting those appeals to humanity which frequently fall on incredulous or indifferent ears.

"A. B., of C., was brought into the Institution in 184—. The following is the history of the case as given by the intelligent gentleman who brought him to the Retreat. B. is 36 years of age, and has been insane 20 years. When young, he was considered, in point of intellect, quite equal to most boys of his age, and was fond of reading and mathematical studies. From some unknown cause he became a violent maniac, destroying every thing in his way, and dangerous. The family became afraid of him and chained him up in a room or

pew, partitioned off from the stable in the barn. He would tear his clothes and any bed clothing provided for him, so that he would often be entirely naked the coldest nights in winter, without appearing to suffer by the exposure. His usual dress was nothing more than a coarse flannel frock, and without any thing for a bed but loose straw. He remained in this state for years, when his father becoming poor, called on the town for help. The selectmen went and found the man as described, and consulted with the father as to what should be done. Their conclusion was, that if the father had kept him in a barn, it would not be improper for the keeper of the paupers to do the same. Accordingly he was removed from place to place, as the paupers were changed, and kept as his father had kept him. He was generally fed as we feed swine, had nothing but his hands to feed himself with, and, as all his filth remained in his stable for many days, it was a fearful job to attempt 'to clear it out' as the saying was. He was in an out-building, and without fire for the 12 or 15 years that he was supported by the town. He was in a sitting posture so long that the cords of his legs contracted, so that his knees are drawn up to his breast, while his legs are drawn up close to his body.'

"The only comment on this narrative which the occasion requires, is the simple statement, that if any one supposes such cases are confined to Connecticut, he labors under a grievous mistake."

We also note as worthy of serious consideration, the remarks on the health of females in a manufacturing community.

"In a Hospital for persons laboring under so serious a disorder as insanity, the general state of health will seldom compare very favorably with that of the surrounding country. In this connection, you may have observed, that our admissions, especially of females, have included an unusually large number in a low state of health; not suffering so much from any specific disorder, as from an enfeebled condition of the vital powers, proof against all restorative influences, and terminating more or less directly, in their utter extinction. In them insanity seems to be but one, and that not the least, of a train of morbid phenomena that proceed from the general condition of the system. They sometimes run down to the extreme limit of life, without our being able to localize any disease, or to say why they should die rather than live. The question is not whether they will recover their reason, but whether they will live, and they actually furnish a greater number of deaths than recoveries. The causes which induce this form of insanity do not act principally and immediately upon the brain, but produce a general deterioration of health in which this organ suffers in common with the rest. There may be, perhaps, special reasons why the brain should be involved in the morbid action going on, such as hereditary tendency, or shocks of the moral affections, but these are, unquestionably, secondary and subordinate to a more general and efficient cause—one that is to be found in the habits and character of our people. The spirit of industry instead of being easily satisfied with the abundant rewards by which it is usually followed among us, is only stimulated thereby to fresh exertions, and so often are they carried beyond the powers of the constitution, as to become a prolific source of ill health. Especially is this the case with the female sex. Not enjoying equal opportunities for relaxation with the other sex, exposed to fewer temptations to idleness, and stimulated by the laudable ambition of not being surpassed in the visible results of their industry, their application is steadier and severer. The strength of youth may carry them through their earlier years, but the additional labors and trials of the married state require additional drafts upon the constitution which it is not easily able to answer. A train of functional disorders make their appearance one after another, of which insanity sooner or later forms a prominent member. They are placed in an Institution for the



benefit of those restorative influences which are popularly supposed to be generally successful, but the laws of nature have been violated beyond the reach of human relief, and a few weeks or months of suffering close their earthly course. In a manufacturing community, this class is unusually large, for the simple reason that the higher wages of factory-labor are a stimulus to extraordinary exertions. The love of accumulation leads to frequent extension of the daily task, interrupted by scarcely any pause but that of the Sabbath, and relieved by no recreation but such as is occasionally afforded by attending a religious meeting of an evening. This rapid consumption of the nervous energies is first felt generally by the digestive organs. The appetite fails, the meals are eaten sparingly and hurriedly without gratification, and cease to maintain the equilibrium between the waste and supply of material. The brain and other nervous centres next become involved in the morbid action, as manifested by increasing irritability of temper, painful susceptibility to every impression, groundless anxiety and apprehension for the future, and a continual sense of short-coming in duty joined with gloomy forebodings of the consequences. With more or less rapidity this condition is aggravated, until it assumes the form of unequivocal insanity, and fortunate is the poor patient if she finally recover her reason after months of various suffering. Such deplorable results of ignorance or willful disregard of the laws of health may be witnessed in every Hospital for the insane, and furnish many contributions to their steadily increasing class of incurable cases. And we can expect no change for the better, until people recognize and act upon the truth that good health is a greater good than money."

The report concludes with the notices of eminent men who have recently died.

"Among the distinguished names that add a mournful interest to the obituary of the past year, are two whose eminent services in the cause in which we ourselves are laboring, seem to claim with peculiar appropriateness a word of grateful recognition in an annual record like this. I refer to Drs. Macdonald and Brigham. The former, after superintending for many years the Asylum at Bloomingdale, N. Y., with the unqualified approbation of its Directors, opened a private establishment for the care of the insane at Flushing, furnished with provisions for ministering to their comfort and enjoyment, upon a scale that has never been equaled in our country. He was a gentleman of rare professional attainments, and possessed of moral endowments that commanded universal respect and affection. Although more particularly devoted to the wealthier classes, he cared much for the welfare of those who have no other claim for care than the powerful appeal that human suffering always makes to the benevolent heart. The defective condition of the municipal establishment for the insane of the city of New York, was one of those appeals, and in conjunction with a few others, he undertook a series of changes that required much of his time and patience.

"His death which happened shortly after, prevented him from witnessing the full benefits of his labors.

"Dr. Brigham commenced his labors in this department of the profession, as superintendent of the Hartford Retreat, from which he was called in 1841 to take charge of the Lunatic Asylum established by the State of New York at Utica. This Institution for a few last years the largest in our country, he endeavored to maintain in a state of constant advancement, and in this object he was eminently successful. He had high notions of the worth and dignity of his calling, and though constantly suffering with ill health he never relaxed his efforts to reach in it a point of distinguished excellence. The amount of labor he performed in carrying out his views was wonderful, and the traces of his superintendence will not soon be effaced.

"Since the above was written another has fallen whose name will ever be associated with the history of American Hospitals for the insane. For thirteen years Dr. Woodward was the superintendent of the State Lunatic Hospital at Worcester, Mass. A sanguine disposition which no obstacles could dishearten, a cheerful, buoyant temper that gilded every circumstance with bright and pleasing hues, and a cast of intellect that enabled him to make the most of the materials at his command, admirably fitted him for an office peculiarly fruitful in discouragements, and accompanied by a certain wear and tear of spirit less incident to other spheres of professional exertion. He was liberally endowed by nature, and every gift he improved to the utmost in the service to which he was called. He possessed in a remarkable degree, the faculty of impressing others with a sense of his abilities, and inspiring them, whether sane or insane, with confidence in his counsels. Many men have directed larger establishments, but few, I apprehend, have held such intimate and salutary communication with so great a number of minds."

5. VERMONT ASYLUM FOR THE INSANE.—This is the thirteenth annual report. The Trustees state that the buildings of the Institution have been enlarged during the last year, and that the accommodations for the patients have thus been greatly increased.

There remained at the close of the previous year,—

	Males.	Fem.	Total.
	158	154	312
Admitted during the year,	69	67	136
	227	221	448
Of these there were—			
Discharged,	67	53	120
Remaining,	160	158	318
			448

Again, those discharged, are thus classified,—

Recovered,	74	Improved,	22
Not improved,	12	Died,	22
			130

Since the opening of the Asylum, 1,450 have been admitted; 1,141 have been discharged; and 318 remain in the Institution. Of the 1,141 discharged, 666 have recovered, and 165 have died. Of those placed in the Asylum within six months from their attack, nearly nine-tenths have recovered.

The Asylum has escaped the prevailing epidemic diseases of the year. The deaths during 1849 have been twenty-two.

Dr. Rockwell, the superintendent, in his brief report makes the following remarks:—

"We have of late discovered no important new principles in the treatment of the insane. We watch the progress of improvement in this great cause of humanity, both in this country and in Europe, and endeavor to keep pace with every advancement that may be made. The medical and moral treatment of each patient is varied by the particular indication of each case. The great principles of our moral treatment are, kindness and employment. It is necessary that kindness should be accompanied with mildness and decision, varying according to the peculiarities and temperament of each patient. The employment selected for each should be such as will most interest his mind and divert it from his delusions. It should also be agreeable at the time, and such as will afford pleasant reflections afterwards."

6. WESTERN ASYLUM OF VIRGINIA.—Here also additional buildings are erecting, which will afford accommodations for two hundred patients.

The annual statistics of this Institution are as follows :  
Remaining at the end of previous year,

	Males.	Fem.	Total.
Admitted,	118	87	205
	27	32	59
	145	119	264
Discharged,—			
Recovered,	32	Much improved,	1
Improved,	2	Unimproved,	2
Eloped,	1	Died,	10
			48

Of recent cases within the year, the recoveries have been at the rate of 84.62 per cent. The following is particularly deserving of quotation. "The prospect for recovery in all cases remaining in the Asylum at this date is,

Favorable for	13
Doubtful,	19
Decidedly unfavorable,	184

216 "

The report is also furnished with copious tables on many subjects connected with the history of insanity. Thus the number of admissions during each season since the organization of the Institution, has been as follows :—

Spring,	175	Summer,	230
Autumn,	191	Winter,	159
			755

Again, the number of cases, of less than one year's duration, admitted during the thirteen years, has been 272, of which 198 have been discharged recovered.

Dr. Stribling, the superintendent, after congratulating the Directors on the exemption from pestilence of the inmates of the Asylum, goes on to remark;—

"Of the deaths reported, *three* resulted from old age, exhausted by slight physical disease; *four* from marasmus; *two* from chronic diarrhoea; and *one* from dyspepsia. The respective ages of the three first were 71 years, 75 years, and 79 years. All who have thus been taken from us, with a single exception, had been so long insane as to render recovery improbable, and hence we can but trust that the change has been to them a happy one.

"The course of treatment, both medical and moral, described at much length in former reports, has been continued with such results as to encourage us to persevere in its use without material modification. We aim to supply, in abundance and variety, food and amusement for the mind; to afford opportunity and incentives to physical exercise; and resort to medicine whenever the diseased manifestations of mind or body indicate its necessity. By far the greater portion of our inmates have been so long insane, and enjoy in so high a degree their physical health, that they rarely require medicine, and hence their comfort is, in the main, to be promoted by a judicious use of moral means. Amongst these, no one item ranks so high in our estimation as labor, or some occupation having attached to it the idea of usefulness. This seems strikingly adapted to all ages, and both sexes, and no class of patients seem so contented, or convalesce so rapidly, as those who are thus employed.

"Early in the year a gardener was engaged, who, with the aid of a few patients, (such as it was deemed prudent to withdraw for a certain portion of each day from the immediate supervision of their attendant,) has cultivated and greatly improved the lot designed as a garden; kept in good order the greenhouse, and bestowed much attention on the shrubbery and grounds. In addition to the great benefit which has resulted to patients thus occupied, the Institution has derived decided advantage in the abundant supply of vegetables furnished; an advantage, not alone pecuniary, but which, we doubt not, has contributed materially in producing the unusual good health which has prevailed throughout the establishment."

**7. OHIO LUNATIC ASYLUM.**—Dr. William M. Awtl, the Superintendent commences his report, by noticing the total exemption from cholera in this Institution, whilst it made "appalling havoc within the walls of the Ohio Penitentiary, which are within sight of our dwelling." He then notices some of the means employed to produce this remarkable exemption. They were the purification or removal of all animal or vegetable matter actually in or liable to be in a state of decomposition, with especial attention to cleansing and cleanliness within and without the buildings—thorough and repeated whitewashing in all apartments and passages, and the frequent renewal of fresh lime, in all sinks, gutters and sewers—the removal

of all basement window sashes, so as to leave a free passage of air beneath the sleeping apartments during the spring and summer, with outlets for the same in the attics or garrets—the free use of chlorine gas, or the chloride of lime, in all places where any impurity of air was found to exist—the securing of dryness in the atmosphere throughout the building, by fires in the furnaces on every cool morning and evening, and the substitution of simple mopping for scrubbing, on most occasions—particular attention to clothing—garments frequently changed, washed and dried, and the feet kept dry and warm—the avoidance of any exposure to dampness in bad weather and to the night air or the morning dews—exceeding vigilance in respect to diet. Fruits and vegetables were generally interdicted. Wheat, rice, fresh and salt meats were the principal articles used, and the only drinks allowed were tea, coffee and water. “So closely were the dietetic regulations enforced and green vegetables excluded, that we began to notice indications of scurvy in several patients, about the fore part of September, but the epidemic had then nearly disappeared, and a general return to the use of vegetables, especially potatoes and cabbage with vinegar, soon removed every scorbutic appearance and symptom of declining health.”

Again—there was extensive vigilance employed in regard to the daily and almost hourly condition of the bowels of every patient, and every one in charge of them was directed immediately to report any appearance denoting sickness of stomach or looseness of the bowels—however slight in degree—the number of patients was not permitted to increase—and some of the more harmless were allowed to make long promised visits—and all causes liable to produce excitement were discouraged. The last of these means employed as stated by Dr. Awl, we give in his own words :

“PRAYER.—Standing in awe of the mighty judgment and willing to be taught by the Ninevites, supplication was made before a throne of grace—reasoning, if humility or prayer could induce the Ruler of the Universe to regard the people of Nineveh, and repent of the evil that he had intended to do them, so that he did it not—how strong is the warrant of encouragement for those enjoying the blessing of Christian light.”



The number of patients admitted during the present year was, (males 74, females, 81,) 155

Old cases 55, recent cases 100, 155

Average number in the Asylum during the year, 323

Whole number under care, 492

Discharged,—

Recovered, 95

Incurable, 45

Died, 39

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169

Of the recent cases 83 recovered.

The report also contains a full set of tables, compiled from the opening of the Institution, showing the months of admission—the age at which insanity commenced and the age of patients when admitted—the duration of insanity before admission—the civil state of the patients—the curability of all cases discharged at the different periods of insanity—the supposed remote and exciting causes and the percentage of cases from the most prominent causes of insanity, admitted each year—the relation between cause and recovery, in all cases discharged in eleven years—the classification as to the different varieties—the diseases that have proved fatal and the number of deaths and also the occupations of the patients admitted. We will only extract a summary of one of these, viz: that showing the curability of the disease at different periods of insanity during eleven years.

Whole number discharged, Total of cases.

Of less than one year's duration,	550	510
From one to two years,	160	75
From two to five years,	163	34
From five to ten years,	99	12
From ten to fifteen years,	38	3
From fifteen to twenty years,	25	1
From twenty to twenty-five years,	4	
From twenty-five to thirty years,	3	
	<hr/> 1,042	<hr/> 635

Dr. Ayl in the conclusion of his report, announces the determination to resign his charge, in the following

words, and which (as we stated in our last number) he has carried out :

"It is now nearly fifteen years since the undersigned has been devoted to the interest and management of this noble charity. First, for three years in the capacity of a director, during the planning and construction of the original edifice and after its organization, for upwards of eleven years as its chief executive officer or superintendent. I trust it may be safely affirmed that my heart has at all times been engaged in the work and that my labor and zeal have not been unacceptable to the afflicted—and to the public, to whom I am so greatly indebted for their confidence. Improved health and a desire for retirement, both by myself and family, will render it proper, according to my judgment, that the responsibilities of the station should ere long pass into other hands—an event which will try every endearment of my nature, but for which I hope to be prepared."

**S. MASSACHUSETTS STATE LUNATIC HOSPITAL AT WORCESTER.** This, the seventeenth annual report, is as usual, full in every detail and illustrated by numerous tables. We were not, until now, aware of the following facts: "By a recent act of Parliament, the British government require all their hospitals for lunatics to transmit to the commissioners of lunacy, a full tabular register of all important facts relating to the insane in their custody. A similar law was made relative to this Hospital, before it was opened for patients."

The following are the number of admissions and discharges for the year ending Nov. 30, 1849, with those previously in the Hospital.

	Males.	Females.	Total.
Remaining Dec. 1, 1848,	217	192	409
Admitted,	134	139	273
	<hr/> 351	<hr/> 331	<hr/> 682
Of the admissions there were,—			
Cases of less duration than			
one year,	77	86	163
Of one year or more,	52	47	99
Not ascertained,	5	6	11
	<hr/> 134	<hr/> 139	<hr/> 273
There were discharged during the year,—			
Of recent cases, recovered,	54	53	107
Of chronic cases, recovered,	16	15	31
	<hr/> 70	<hr/> 68	<hr/> 130

Improved,	13	13	26
Incurable,	29	23	52
Deaths,	19	18	37
	<hr/>	<hr/>	<hr/>
	131	122	257

We are furnished by Dr. Chandler, the superintendent, with the following observations on the health of the Asylum:

"The Institution has had, during the year, but little sickness in it, comparatively. The insane are exempt, in a great degree, from many diseases while in hospitals, and perhaps it is so while out of them. Pleurisy, acute diseases of the lungs and fevers, are rare; but the brain and nervous system, and the digestive organs, are peculiarly susceptible in the insane to disease.

"The diseases usually prevalent in the warm season prevailed to some extent among our patients and their attendants. Diarrhoea, dysentery, fever, a few cases of the graver forms of cholera morbus, and cholera, with all of its characteristic features, occurred among our household in the month of August. The foregoing table shows the number of fatal cases and of the particular malady of which they died. By strict and immediate attention to the first indications of diarrhoea and the forming stage, only eleven cases, all of which were among the male patients and their attendants, took on the more severe and unmanageable symptoms of cholera. Four died very suddenly of this mysterious scourge. Three of them had become debilitated by long and incurable disease, and the fourth, although he was fleshy and labored much in the open air, was in the habit of drinking enormous quantities of cold water. All through the summer we took the precaution to place fires in all the furnaces whenever the weather was cool or damp. This prevented our wards from becoming damp and our patients from being chilled.

"It is somewhat remarkable that the inmates of this Hospital should be almost entirely free from all bowel complaints until about the first of August; that these diseases should then commence and become more and more prevalent, and more fatal, up to the third of September, and that they should then suddenly cease as an epidemic. Since this time we have been happily relieved of any great amount of sickness among our patients. But there have been several cases of typhoid fever among our attendants.

"On the nineteenth of March, one of our attendants became sick with the measles. Three successive crops of this contagious disease succeeded. Thirteen of our attendants and eight patients, and my two daughters, had it. The last of the fourth crop became sick on the thirtieth of April following. It was noticed that the attendants,—those who were supposed to be in better health than the patients, and who were capable of taking more rational care of themselves,—had, almost uniformly, the disease in a more severe form and apparently suffered more from it than the patients. One reason for it is, the patients, in the forming stage of the disease, lived in a more uniform temperature and were less exposed to the vicissitudes of the season than attendants. The patients were in our wards while the attendants were called by their duties in and out frequently. No case proved fatal.

"There has been no other contagious or epidemic disease among our household. Most of the year we have been remarkably exempt from all ailments of the body. Much of the time we could say there was no sickness in the Hospital; but still, during the hot season, the tone of physical health was lower among all the inmates than is usual, but no more so in the Hospital than was experienced in the whole country the past season. That mysterious disease

which scourged our country, as well as the nations of Europe, was often visible in its effects upon the human system in a great many instances where its severe characteristic symptoms were not developed. The general fear of its approach, the bread of carefulness of which many thought prudent to partake, and the miasm, or some other unseen agent, floating in the atmosphere, all tended to render the human system susceptible to the slightest exciting cause of disease."

In continuing the perusal of the report, we have been favorably impressed with the force and pertinency of many of the remarks contained in it and we do not know that we can give a better impression of the whole, than by quoting Dr. Chandler's remarks on the moral and physical education of children and on the danger of "hurrying to be rich" now so prevalent amongst us. We commend them more particularly to the consideration of the rural population of our Northern and Middle States.

"The prevention of insanity should be the aim of an enlightened community as well as its cure. This could be most effectually done by each individual's obeying the laws of health, which include those that regulate the passions and emotions of the mind as well as those that govern the physical system.

"For the full and healthy development of the offspring, the parents must be healthy and active in body and mind. The children of the wealthy and indolent are less numerous and less hardy than the children of those in more humble and more laborious stations in society. The families of the intemperate cease increasing after the parents have become confirmed victims of this vice. Hereditary predisposition to disease, which is either inherited from ancestors or acquired by the parents themselves by abuse of their own physical systems, is transmitted to the lineal descendants, whose systems are thereby rendered more susceptible. In such persons a smaller exciting cause would bring on similar diseased action than would be necessary in one having no hereditary susceptibility, whether the malady be of the brain or of any other organ. It has been said that the mother more readily transmits this predisposition than the father. It does not necessarily follow that the children or the grand-children will be insane because they are the descendants of insane ancestors. By carefully avoiding all the exciting causes and maintaining perfect health, they may not only escape themselves, but they may so far free their systems of it as to transmit to their children no particular susceptibility to this or to any disease. The intermarrying of blood relations is productive of degeneracy, and its effects have long been noticed on the crowned heads of Europe.

"The physical education of the young is of primary importance. Free and active sports and employments in the open air each day are necessary for their vigorous growth. Long confinement to the school-room or to the mill is unnatural and unhealthy. The children of the farmers and mechanics in New England are favorably situated for a healthy growth. To the enterprising of this class our cities are indebted for much of their active and successful population.

"Many mechanical employments are prejudicial to health, and the younger the operative the more susceptible his system is to any malign influence that may be brought to bear upon him. All employments that require undue physical exertion, all where an impure atmosphere is inhaled, and all where one position is for a long time maintained, are unfavorable to full development of the body, induce various diseases, and shorten life.

"The proper education of the moral and intellectual faculties, is of immense importance to the individual's own happiness and to his usefulness to society. The child learns very early many important facts in regard to the physical world. Indeed, it has been said that he learns more of it the first two years of his life than ever afterwards. The character and conduct of those around him is the book from which he gets his first lessons in morals and in self-government. As his faculty of imitation is very active, and by which he acquires much of his early knowledge, the moral obliquity of his nurse is as readily copied as her wisest example. The desire to gratify the appetite and to indulge the passions too often become governing principles with the young, and, unless this desire is restrained with a steady hand on the part of the parent or guardian, it becomes ungovernable, and makes the individual unhappy in after-life, and an undesirable member of society. Liberty is the right of all; but, to enjoy this blessing, it is necessary that each member of the community should refrain from trespassing on the rights of others. Children should be taught and early led to practice this precept. Every one who should have and who should observe a just appreciation of liberty, and of what was due from himself to others, would become a law unto himself, and not be incommoded by any wholesome law of the community; but he who has been taught to disregard the rights of others, can hardly fail to receive the condemnation of his fellow-men.

"The notion has been gaining ground, of late, that children, at home and in schools, have heretofore been kept under too strict subjection; that they have not enjoyed their equal rights; that their position in society has not been prominent enough; and that treating them as knowing what was right and proper for themselves, would increase their present happiness and make them hereafter better members of the community. This change in their treatment has tended to foster hopes in them which cannot be realized in after-life. Their ambition has thus been raised to be disappointed; for it is hardly to be expected that all their pampered appetites will be gratified, or that great success in life will be attained without corresponding efforts. The early education of many is such, and their unrestrained passions have acquired such a mastery over their powers of self-control, that only slight reverses of fortune will turn them from the honest pursuit of the ordinary occupations, and make them dissatisfied with the common success in life.

"We have been led to believe that insanity was increasing in this community beyond the increase of the population and beyond the number of that class who are brought in with foreign immigration. The inducements of wealth and of places of honor, in this country, are equally presented to all competitors who may enter the lists, and success usually crowns the well directed efforts of all in every branch of trade, and in all arts and professions. The ardent and ambitious are by these considerations stimulated to over-task their physical and mental powers. The allurements of science stimulate its votaries to long continued trains of thought upon one subject, until the instrument of thought becomes fatigued and is liable to respond in an unhealthy tone, until strange fancies and delusions upon that subject arise in the mind. These delusions become permanent and real unless the attention is diverted to other subjects, and the brain gets relief from its incipient disease; but, with the great mass of the community, the all-absorbing desire of wealth and the advantages it brings to its possessor, are the principal motives to action. The merchant expands his business beyond his personal supervision, and he trusts his property with his neighbors, with a hope of compound interest in return. He watches anxiously the rise and fall of the market. He is elated with prosperity, but the unseen reverses which come in the commercial world as well as in all others, bring ruin to his hopes and not unfrequently crush his reason. The speculator ventures deeper and deeper, while successful, but at last he is wrecked in his calcula-



tions, and his mind sinks in the storm, unless it is buoyed up by a well educated self-control.

"Many persons in humble circumstances work hard and make great exertions to keep up respectable appearances, and to obtain those articles of luxury which the wealth of their neighbors enables them to make common use of. This overdoing to keep up appearances tends to break down some and bring on insanity, and yet every one should be commended for making all laudable efforts in his own behalf.

"There is a delusion on the subject of property with many of the insane which seems at first peculiar to them; but it probably holds true with the sane in different degrees of intensity. It is this:—'The rich man fears he shall come to want and have to go to the alms-house for support.' I have never known a patient come to a hospital, who had fears of coming to want, but was considered by his neighbors as a man of wealth. I apprehend that the fears of poverty but very seldom brings insanity on the poor, but actual want does frequently. The poor often fancy themselves rich and able to control vast resources. Sometimes those who have abundant means fancy themselves possessed of more than they really are. He who has property fears he may lose it, and, if his mind is not otherwise employed, is liable, by dwelling much upon the chances of losing it, to become morbidly sensitive upon the subject. The poor man has no property, and of course has no fears about it. His mind and body are so much engaged in procuring his daily bread that they are kept healthy by the exercise."

9. NEW JERSEY STATE LUNATIC ASYLUM.—This Institution, recently erected, and commencing operations with the experience and skill of Dr. Buttolph, the superintendent and physician, is generally conceded by experts, to be admirably constructed both for warming and ventilation. We have referred to Dr. Kirkbride's observations concerning it, in another part of this number. The following remarks are contained in the present report. "During the year, a necessary modification and extension of the apparatus for warming the building has been made, in accordance with suggestions derived from the experience of its practical workings the last winter. By this change and extension, the heat between the first and extended wings on either side, has been equalized and arrangements made for specially warming the rooms in the refractory wards.

"Coils of three-fourth inch pipe seventy feet in extent, have also been placed in the bottom of the large foul air shafts, nine in number, which are to receive steam from the boilers and become the heating surfaces, by the aid of which, a forced ventilation is effected, without involving the danger and trouble of separate fires for the purpose. The air required to produce a circulation in these shafts is to be drawn from the closets and rooms

requiring special ventilation, through fires leading downward from the floor, and discharging into the shafts, beneath the heating coils."

The return of patients treated is as follows :

	Males.	Females.	Total.
Patients in the Asylum Jan. 1, 1849,	46	37	83
Received during 1849,	55	41	96
	101	78	179
Discharged,—			
Recovered,	24	20	44
Improved,	10	4	14
Unimproved,	1	1	2
Died,	4	5	9
	39	30	69
Remaining,	62	48	110

The deaths were,—

From exhaustion,	5
" consumption,	2
" chronic diarrhoea,	2
	9

Of the recoveries, one patient had labored under mental disease for six years—and another for eighteen years. "It must be regarded (says Dr. Buttolph) as a very unusual exception to the general rule of success, and to be attributed rather to a happy and rare effort of nature, than to the course of treatment adopted, which, at best, could be considered only as having favored such a result."

The following extract will give some idea of the interior management of this Asylum.

"Two days in every week, one for each sex, are allotted to warm bathing, for purposes of cleanliness, a process which most patients enjoy, but to which each is subjected, unless excused for cause. Convenient and ample bathing arrangements are also provided for every resident of the house, a luxury which they may enjoy weekly if they will—and it may be added, that as cleanliness is here considered so favorable, indeed, indispensable, to both physical and moral health, that all are encouraged and enjoined to practice it.

"Sunday is considered a day of rest and quiet, both in and about the Asylum. On this day visitors are not admitted to the building or grounds—the ordinary amusements of the week are suspended, and no more work done than is

required in the care of the house and patients. The day is passed in the reading of books, in attending one religious exercise in the chapel, which consists of the reading of scripture, a short discourse, singing and prayer. This exercise is attended by the resident officers, patients of the quiet classes, and as many of the attendants and assistants as can be spared from other duties. After the religious exercise is over, a number of the patients of either sex, and others, unite in Bible classes, conducted by the assistants, physician, and matron. To prevent monotony in the passage of the day, the evening is devoted to a meeting in the chapel to practice church music, in which some of the patients unite, and many others attend as spectators. Some of the convalescent patients of either sex also occasionally attend the churches in town, accompanied by their attendants, or by resident officers; and all the women employed in the house are sent to town in a carriage belonging to the Institution, it being too far to walk and return at seasonable hours. We encourage the practice of 'church-going,' not only as a necessary recreation from the confining duties to which persons here engaged are subject, but also prefer to employ those who enjoy religious privileges as such; believing that the highest qualifications for the converse and care of the afflicted, can only be possessed by persons having the higher feelings in active and habitual exercise."

10. MAINE INSANE HOSPITAL.—Dr. James Bates, the eminent superintendent of this Institution, commences his report, by observing that the "pestilence which has visited so many portions of our country, has been directed to pass by us and we have enjoyed our usual state of physical health."

We next note the following observation: "Although I have doubts of the usefulness of tabular reports, and share these doubts in common with several gentlemen for whose opinions on this and other subjects I entertain the highest respect, I shall continue the use of tables for the gratification of those who think important information is imparted and obtained by that method. When honestly made, they are not likely to do injury; but I am sure they are sometimes made instruments of deception. If figures cannot lie, they may mislead by disguising the truth.

"For instance, suppose at the end of each year, instead of reporting all cases as *recent* which were actually admitted within one year of the attack, I should for the purpose of *appearing* to cure 90 per cent. of recent cases *discharged*, report only *such as recent* cases, which had not become old ones by remaining with us. I might impose the belief on the *uninitiated*, that 90 per cent. of *recent* cases could be cured; when every man acquainted with the subject knows that no instance can be shown, in which

90 out of 100 cases, admitted in succession, no matter how *recent*, ever were cured.

"On examination of our record, I find there remain this day, sixty-five cases which were admitted within one year of the attack :

"More than one year 65

79

"Total 144

"But 'as the manner of some is,' calling none *recent*, except such as have not *now* been insane over one year, the account stands

"Recent, 36

"Old cases, 108

144 "

In a former article (see the number for April 1850, vol. 6, 330) we have also quoted the objections of Dr. Luther V. Bell, to the ordinary form of statistical reports. We are convinced that they may be so constructed as to lead to erroneous conclusions—or to evidence a much greater degree of success in one Institution over another, whilst the fact itself is far otherwise. But it occurs to us at the same time, that the remedy is to be obtained not by excluding statistical returns altogether, but by requiring greater accuracy and more detail. The practical difficulties are indicated by Dr. Bates. We submit, with diffidence, whether the correction and improvement of statistical returns (for the public will require them in some one or other form) is not a subject worthy of the notice of the Superintendents at their annual meetings.

The statistics of the Maine Hospital are thus given by Dr. Bates.

	Males.	Females.	Total.
Remaining,	79	48	127
Admitted,	63	63	126
	<u>142</u>	<u>111</u>	<u>253</u>

	Males.	Females.	Total.
Discharged,—			
Recovered,	30	28	58
Improved,	10	10	20
Unimproved,	8	8	16
Died,	8	7	15
	<hr/> 56	<hr/> 53	<hr/> 109
Remaining,	86	58	144

We quote the following important statements, illustrating the effects of crude legislation.

"The Act of the 14th August last, if not modified or repealed, is destined to have a most deleterious effect on the safety of these persons and the public. This act takes from the officers of this Institution the decision placed in them by the law of 1847, and from the justices of the peace and quorum, sitting in Augusta, as to the proper time of discharge, and places it in the hands of city and town authorities where the patient resides. Whether persons who have not seen patients for six months, nor having before them persons who have had any care of them, are better judges than those who have been conversant with them, or who have at hand witnesses who have, I shall not pretend to decide.

"It has been the decided opinion of the trustees and myself, that no person who was known to have committed homicide, or who continued to have a propensity to suicide, ought under any circumstances to be discharged.

"We think, also, that persons recovering, should rarely, if ever, be discharged before the cure is confirmed. All these classes, unless committed by the courts, are liable to be removed, to the injury of themselves and others. The above action of the officers of this Hospital, is sustained by the written and oral opinions of the best informed men in this and other countries. I have only to state the action already experienced, to show the injurious tendency of the law. In the first case decided, no request was made nor notice given after the law was passed. In the second, a man who had mutilated his brother with an axe, nearly severing his arm from his shoulder, was ordered out because 'improperly detained' by the trustees and myself, notwithstanding he was in no way improved. I understand he is now chained, at the expense of the town, to prevent murder and save expense. Neither in this, nor in any case, has any notice been given to us when the hearing was to be, or was had, nor was any testimony called for from the Hospital.

"In the third case, a man, known to be suicidal before admission, and who came near destroying himself by cutting his throat while here, and in whom no improvement had taken place so far as that propensity was concerned, was ordered to be discharged at the expiration of six months. The fourth was that of an excellent young woman, who was much improved, and whose means were expended. The selectmen ordered her discharge, although advised of the facts. We are happy to learn that she has since recovered. It may be proper to state, there are several cases of suicidal and homicidal persons now with us; one of whom has destroyed his child and very nearly his own life, who are all liable to be let loose on themselves and the community in a like summary manner.

"There have come to our knowledge seventeen cases of suicide in this state the last year—males, eight; females, nine. By hanging, twelve; by drowning, three; poison, one; with razor, one; two mothers first destroyed a child each.

"Most of these were more or less insane, and known to have suicidal propensities for some time previous to committing the act. Two, only, had been



in the Hospital; one of these was prematurely removed; the other was not known to be disposed to homicide nor suicide, but has since committed both.

We also give an extract as to improvements in warming the building.

"At the last session of the legislature, an appropriation was made for changing the warming apparatus of the old south wing, from *furnace to steam* heating. The estimated cost was six hundred and fifty dollars. The change has been made at an expense within the appropriation, in the following manner, viz:—The cylindrical boiler, formerly in the wash-room, ten feet long and thirty inches diameter, was set in an arch at the south end of the basement corridor; an air-chamber, constructed of wood, four feet wide and seven feet high, runs from the end of the arch nearly the whole length of the corridor. In this chamber, near the ground, secured in a brick trough, is the cast-iron smoke or gas-pipe, ten inches diameter and forty feet long, to meet the old furnace flue; the joints luted with equal parts of salt and wood ashes. This is never so hot as to affect the air unfavorably. Above this, are rows of cast-iron steam pipes, six inches in diameter, the whole length of the air-chamber. These are connected with the top of the boiler by a wrought iron gas pipe into each row, so that steam passes freely into all the pipes at once. The upper pipes *descend* from the boiler, and the lower ones *towards* it; and a small pipe enters the lower part of the boiler to return the condensed water and to supply any waste, for which cold water is admitted by a faucet at the end of the pipe farthest from the boiler. Near the same point is a small escape pipe to permit the air or steam from the large pipe to pass outside the air-chamber: but so perfectly balanced are the generating power of the boiler and the radiation of heat from the pipes, I have rarely known so much heat to pass through the escape pipe, that I could not hold my hand over it. The waste of water is from two to five gallons per day. In this apparatus the steam passes off from the water without any obstruction, consequently can never be dangerous, unless the water should be permitted to get so low as to generate explosive gas on the highly heated metal. Cold air is admitted at the basement windows and enters the outer boarding near the ceiling, passes down between that and the lining, and under the heating pipes on each side. The passages for hot air, right and left, are the spaces between the sleepers. From these conductors it is carried to the galleries above in wooden flues, eighteen by four inches, equal to the number of inmates, or sleeping rooms. These, in all cases, discharge into the corridors or galleries, under the same number of plank seats, nine inches in width. In the third or upper story, nothing appears but these seats. The admission of air at a moderate temperature is abundant, and the seats are often occupied on account of the agreeable warmth they afford. The lower floor, where our most inactive patients reside, is always warm, being the covering of the air-chamber and flues. The space warmed is 35,000 cubic feet."

11. NEW YORK STATE LUNATIC ASYLUM.—The year reported upon, has been, as our readers are well aware, a year of sorrow in this Institution. On the death of Dr. Brigham, the chief care devolved on Dr. George Cook, his first assistant, and to him we are indebted for the present report.

Although the Asylum escaped attacks from cholera, yet dysentery occurred in August and September, and in December the small-pox was introduced through some

unknown agent. Of 498 patients who were in the house at the time, forty-eight took the disease, viz: twelve males, and thirty-six females. Thirty-three had it in a mild form, while fifteen were seized with the confluent disease. Fourteen died, eleven in direct consequence of it, and in the other three cases, death was only, perhaps, a little hastened by it. The attendants also were attacked; eight had the disease, and two of them died.

Dr. Cook presents us with the following table:—

	Males.	Fem.	Total.
Remaining at the close of the year,	241	254	495
Admitted during the year,	192	170	362
	—	—	—
	433	424	857
Discharged,—			
Recovered,	113	90	203
Improved,	37	29	66
Unimproved,	22	48	70
Died,	35	34	69
	—	—	—
	207	201	408

The large number of unimproved cases discharged, was owing in a great measure to the provisions of the State law, which requires this course after a trial of two years. But the very fact of the large number thus removed, indicates the great necessity of a public provision for the care and safe-keeping of incurables. Buildings might be erected on the most economical plan, in some retired rural district, where these unfortunate beings could be well provided for at a much less expense than the public is now annually paying.

The report contains, as usual, many elaborate tables of the usual description.

We have now completed our review of all the annual reports of Asylums for the current year, that have reached us. And taking into account with these, the reports from the Pennsylvania Hospital and the McLean Asylum, which we noticed in the April number, we appeal to such of our medical brethren as may peruse this peri-

odical, and, indeed, also to all enlightened men throughout the country, into whose hands it may fall, whether the results here exhibited of the skill, talents, and earnest humanity of so many excellent men, are not worthy of every commendation, and of a more extensive diffusion than it can afford. We have the more freedom in speaking of this matter, being only an observer of what they have done and are doing, and also perfectly aware that if they be not honored in their own homes and country, their reward will be small indeed.

The immense efforts in the United States to improve the condition of the insane, and to relieve their maladies, are nearly unknown or unheeded abroad. Now and then, a pseudo-philanthropist honors our shores with a visit to criticize or to condemn, while the honest observer is accused of exaggeration or partiality. So too with our progress in science, and the fine and useful arts. It is not convenient to notice it. The true remedy for all this contempt of us as a nation, (for such is the fact, whether we fancy it or not,) is to establish a vigorous, national interchange of opinion,—to do public justice to all who are engaged in the great cause of *practical* humanity, and in doing so, disregard the paltry, sectional, or State feelings which are, in aid of political abstractions and divisions, rapidly making us to our own hurt (as we may possibly find when it is too late) a divided people.

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#### INSANE IN THE NEW YORK STATE PRISONS.

The "Second Annual Report of the Inspectors of State Prisons of the State of New York," made to the Legislature, Jan. 4, 1850, is a huge document, consisting of 342 octavo pages. In looking over it, we do not find the subject of insanity noticed by the Inspectors. The following are extracts from the reports of the physicians.

*Dr. Blanchard Fosgate*, physician of the Auburn Prison, observes,—“There are ten convicts more or less mentally deranged in this prison. Of this number three, at least, are proper cases for the treatment of a lunatic Asylum. One of

the ten was, some time ago, transferred to the State Asylum at Utica, and has since been returned as incurable. The remaining six would, so far as the cure of their malady is concerned, be no better off there than where they are now, but at the same time are not fit subjects of *State prison* discipline. The number transferred to the State Lunatic Asylum, at Utica, during the year just closed (1849) is two, one of whom died in that Institution.

"It appears to me, that the process required by the statute, in cases of lunacy, is decidedly prejudicial, because it is only in the incipient stages of the disease, that reasonable hopes of recovery may be entertained. During this state, a commission of strangers, to examine the individual, no matter how expert they may be in their profession, would not be so likely to detect the first shades of variation from the healthy mental character of the patient, as the persons having frequent intercourse with him. Could the matter be so arranged, that the opinion of the physician, with the concurrence of the warden, would be sufficient authority for the inspectors to transfer the convict to an Asylum, the result would prove highly beneficial, both to the patient and to this Institution. I know of no condition in which a human being can be placed, which calls so earnestly for our sympathies and protection, as an insane person subjected to the rigors of State prison discipline. But the subject of insanity as connected with this Institution, is of such vast importance, that owing to my limited experience, I do not feel sufficient confidence to present all the views I may have formed in regard to it."

*Dr. William N. Belcher*, of the Sing Sing Prison, does not notice the subject in his annual report.

*Dr. George A. Miller*, of the Clinton Prison, states "there was but one person removed to the lunatic Asylum. He had been here but a short time, when symptoms of insanity made their appearance, and after the subsidence of the more acutely inflammatory character of the disease, he was removed. He was probably (as well as I can ascertain his history) insane before he came here."

VALUABLE FACTS BEARING UPON THE INQUIRY, WHETHER  
CONVICT SEPARATION TENDS TO PRODUCE INSANITY?

[Extracted from the "*Pennsylvania Journal of Prison Discipline and Philanthropy*," for July, 1850.]

"The places of confinement in the southern and western districts of England are eighty in number, of which, seven are conducted on the separate system. In the year, from the 29th Sept., 1844, to the 26th Sept., 1845, the daily average of prisoners in the whole eighty places was 4,361, and in the seven on the separate system, it was 644. Thirty-seven prisoners were affected with insanity, in nine of whom the symptoms first showed themselves during the period of their imprisonment, *but of these nine, not one occurred in the seven prisons on the separate system.*"—(*Report of Mr. Perry, one of the Inspectors of Prisons, in England.*)

"It is worthy of notice, that of forty-two convicts who are now reported by the chaplain as probably having had a predisposition to mental disease, not one became insane; and that a great majority were in better condition when they left the prison, than when they entered it."—*Report of the Commissioners of the Pentonville Prison, for 1847.*

"A more conclusive argument in favor of the system pursued at this prison (Pentonville) could scarcely be desired, than that afforded by comparing the cases of mental disease in our regiments stationed at home, and abroad. While the annual ratio in the prison is 1.48, it is nearly one at home, among the dragoons; 1.43 in the Ionian Isles; 1.33 in Canada, and 1.41 at Gibraltar; so that it may be fairly said, that the prisoner under separate confinement, suffers about as much as the soldier on the choicest spots of the Mediterranean, or in the bracing climate of Canada."—*Quarterly Review*, 163, 18, cited by *Field*, vol. i, p. 225.

"It should not be forgotten that many of the cases which occurred in the prison, (Pentonville,) were such as would probably have been overlooked in society at large, or even in a body of troops. They were brought to light only under the strict scrutiny which the prison discipline requires."—*Field*.